CMP
Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

C&D

24 April 2004

SOLVE CASES
FAST

Acrivastine

WHEN WE SAY IT'S FAST, WE MEAN IT'S FAST

Pfizer Consumer Healthcare www.allergyadvice.co.uk

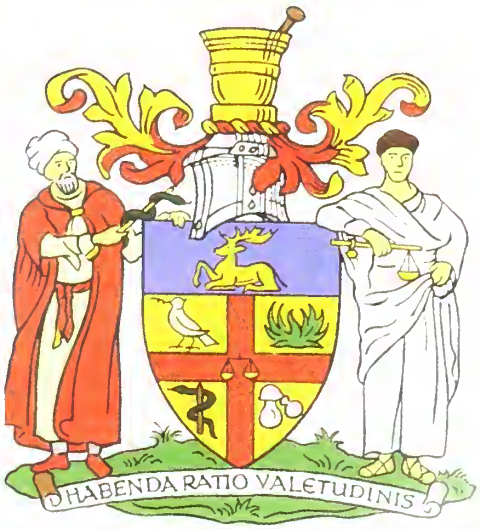
Benadryl Allergy Relief Product Information: Presentation: Acrivastine 8 mg. **Uses:** Allergic rhinitis. **Dosage:** Adults and children aged 12 - 65 years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s, £4.35 (£3.70), 24s £7.55 (£6.43) **Legal category:** P **PL holder:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZO **PL number:** 15513/0035 **Date of preparation:** July 2003

PSNC will give funding choice for contract

Minister backs pharmacy over men's health

ABPI hits back at EU child meds regs

RPSGB Council candidates in election debate



VOLTAROL® RAPID (diclofenac potassium) **ABBREVIATED PRESCRIBING INFORMATION. Indications:** Rheumatoid arthritis, osteoarthritis, low back pain, migraine attacks, acute musculo-skeletal disorders & trauma, ankylosing spondylitis, acute gout, control of pain & inflammation in orthopaedic, dental & other minor surgery, pyrophosphate arthropathy and associated disorders. **Presentations:** 25mg or 50mg, coated tablets, each containing diclofenac potassium. **Dosage and Administration:** Take tablets with fluid. *Adults:* Up to 100-150mg per day in 2 or 3 divided doses. Migraine: Initially 50mg at first sign of an attack. A further dose can be taken 2 hours later. If needed, further doses of 50mg can be taken at intervals of 4 to 6 hours. Do not exceed 200mg per day. *Children:* 75 to 100mg per day in 2 or 3 divided doses. Not recommended in children under 14. Migraine: Use in children not yet established. *Elderly:* Use with caution. Monitor for GI bleeding during first 4 weeks of treatment. Use lowest effective dose in frail patients or those with low body weight. **Contraindications:** Active or suspected peptic ulcer or GI ulcers or bleeding. Previous sensitivity to diclofenac. Patients in whom asthma, urticaria or acute rhinitis are precipitated by aspirin or other NSAIDs. **Warnings, precautions and interactions:** *Warnings:* Closely monitor patients with symptoms or a history of GI disorders. Discontinue if GI bleeding or ulceration develops. Closely monitor patients with severe hepatic impairment. Allergic reactions, including anaphylactic/anaphylactoid reactions can occur. Signs and symptoms of infection may be masked. *Precautions:* Renal, cardiac or hepatic impairment, elderly: Keep under surveillance and monitor renal function. Use lowest effective dose. Discontinue if abnormal liver function persists or worsens. Hepatitis may occur without prodromal symptoms. Recovery following major surgery. Concomitant diuretics. Hepatic porphyria. May reversibly inhibit platelet aggregation. Monitor patients with defects of haemostasis. Long-term treatment: monitor renal and hepatic function and blood counts. Bronchial asthma, history of heart failure or hypertension. *Interactions:* Lithium, digoxin, anticoagulants, antidiabetic agents, cyclosporin, methotrexate, other NSAIDs and corticosteroids, diuretics, quinolone antibiotics, cardiac glycosides, mifepristone, antihypertensives. **Pregnancy and lactation:** Only use during pregnancy in compelling circumstances. Use lowest effective dose. Congenital abnormalities have been reported with NSAIDs. May cause premature closure of the ductus arteriosus or uterine inertia. DO NOT use during last trimester. Traces of active substance detected in breast milk, but unlikely to be deleterious to the infant. **Effect an ability to drive or use machines:** May cause dizziness or other CNS disturbances: do not drive or use machines if this occurs. **Side-Effects:** *GI: Occasional:* Epigastric pain & other GI disorders. *Rare:* GI bleeding, GI ulcer. *Isolated:* Lower gut disorders, pancreatitis, aphthous stomatitis, glossitis, oesophageal lesions, constipation. *CNS: Occasional:* Headache, dizziness, vertigo. *Rare:* Drowsiness, tiredness. *Isolated:* Disturbances in sensation, paraesthesia, memory disturbance, disorientation, insomnia, irritability, convulsions, depression, anxiety, nightmares, tremor, psychotic reactions, aseptic meningitis. *Special senses: Isolated:* Disturbances in vision, impaired hearing, taste disturbances, tinnitus. *Skin: Occasional:* Rashes, skin eruptions. *Rare:* Urticaria. *Isolated:* Bullous eruptions, eczema, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome, erythroderma, loss of hair, photosensitivity reactions, purpura. *Renal: Rare:* Oedema. *Isolated:* Acute renal insufficiency, urinary abnormalities, interstitial nephritis, nephrotic syndrome, papillary necrosis. *Liver:* Occasional: Raised ALT or AST. *Rare:* Liver function disorder including hepatitis, jaundice. *Isolated:* Fulminant hepatitis. *Blood Isolated:* Thrombocytopenia, leucopenia, agranulocytosis, haemolytic anaemia, aplastic anaemia. *Hypersensitivity: Rare:* Hypersensitivity reactions. *Isolated:* Vasculitis, pneumonitis. *Other organ systems: Isolated:* Impotence. *Cardiovascular system: Isolated:* Palpitations, chest pain, hypertension, congestive heart failure. **Product licence numbers, quantities and price:** VOLTAROL RAPID 25mg Tablets PL 00101/0481 Boxes of 28 £3.67 (excl VAT). VOLTAROL RAPID 50mg Tablets PL 00101/0482 Boxes of 28 £7.03 (excl VAT.) **Legal Category:** POM **Date of last revision:** November 2002. VOLTAROL is a registered Trade Mark. Full prescribing information, including Summary of Product Characteristics, is available from: NOVARTIS PHARMACEUTICALS UK LIMITED Trading as: Geigy Pharmaceuticals, Frimley Business Park, Frimley, Camberley, Surrey, GU16 7SR
Telephone number: 01276 692255
Fax number: 01276 692508

Reference:
1. Bakshi R, *et al* Curr Ther Res 1992; 52: 435-442.

Date of preparation, January 2004

© 2004 Novartis Pharmaceuticals UK Ltd

VOL/04/79

Think differently about diclofenac

®Voltarol Rapid

diclofenac potassium

Voltarol Rapid is an immediate release potassium formulation of diclofenac tablets

Voltarol Rapid starts to relieve pain in 15 minutes[1]

Voltarol Rapid is suitable for acute painful disorders that require a quick analgesic effect[1]

NOVARTIS

ditor
Charles Gladwin, *MRPharmS*
ews Editor
Gary Paragpuri, *MRPharmS*
usiness Editor
Saša Jankovic
linical Editor
Fiona Salvage, *MRSC*
ontributing Editor
Adrienne de Mont, *FRPharmS*
arketing Editor
Sarah Thackray
ews Reporter
Asha Fowell, *MRPharmS*
roduction Editor
Fay Jones, *BA*
roup Production Sub Editor
Richard Coombs
ditorial Production Assistant
Rupert Comford
ditorial secretary
Jan Powis
Editorial (tel): 01732 377487,
(fax): 01732 367065,
chemdrug@cmpinformation.com
rice List
Colin Simpson (Controller),
Darren Larkin (Data Manager),
Maria Locke
Price List (tel): 01732 377407
(fax): 01732 377559
roup Sales Manager
Quentin Sheldan
ales Manager
Mark Walley
lassified Executive
Debra Thackeray, *BA*
dvertisement secretary
Elaine Steele
Advertising (tel): 01732 377621,
(fax): 01732 377179
rojects and Price Service Manager
Patrick Grice, *MRPharmS*
harmacy Projects
Mary Prebble
01732 377269
roduction
Katrina Avery
ublishing Director, Healthcare
Fergus Wilson

CMP Information Ltd
Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

ublished Saturdays by
MP Information Ltd,
overeign Way,
nbridge, Kent TN9 1RW

ED on the internet at
p://www.dotpharmacy.com/

ubscriptions (Home) £163 per annum,
verseas & Eire) $388 per annum plus $205
stage, £3.20 per copy (postage extra)
dditional Price List (UK) £163 per annum
s £120; (Overseas) $388 plus $205

irculation and subscription:
MP Information Ltd, Tower House,
overeign Park, Lathkill St, Market
rborough, Leics LE16 9EF
elephone: 01858 438809
: 01858 434958

unds on cancelled subscriptions will only be
vided at the publisher's discretion, unless
cifically guaranteed within the terms of
scription offer

e editorial photos used are courtesy of the
pliers whose products they feature.

CMP
United Business Media

www.dotpharmacy.com

Chemist & Druggist

Volume 261 No 6441
First published
September 15, 1859
ISSN 0009-3033

PSNC to offer funding options 4

The new contract will continue to be funded by a global sum but PSNC is to present contractors with a range of possible funding options after its board meeting in May

RPSGB reports loss 5

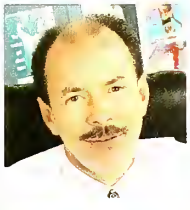
Operating losses of £1.5m, uncovered with a new accounting policy, have been reported by the Society. Salary costs have rocketed with a rise in the average number of people employed in 2003

Extension to nurse formulary 6

Extended formulary nurse prescribers would be able to treat a wider range of conditions under proposals from the Medicines and Healthcare products Regulatory Agency

ABPI slams EU 10

The Association of the British Pharmaceutical Industry claims proposed EU regulations are delaying research improvements and the availability of medicines for children



Ransom buys Health Perception 12

Natural healthcare company William Ransom & Son has bought Health Perception – the company whose chief executive is former Olympic swimmer David Wilkie (left). The company will continue as an autonomous business within Ransom Consumer Healthcare

When good p

Mark Greener looks
factors affecting the

39

Regulars

Question Time 6
Opinion/Letters 14
Xrayser 15
Medical Matters 28
Marketwatch 30
Classified 42
Back Issues 46

PSNC to offer funding options

by Gary Paragpuri
gparagpuri@cmpinformation.com

PSNC will present contractors with a range of possible funding options for the new pharmacy contract after its May board meeting.

The new contract will continue to be funded by a global sum but will differ from the current contract in the way money is distributed to contractors, chief executive Sue Sharpe said. PSNC will also help contractors to calculate if they are better off under the new contract.

In addition, contractors will get details of the various services to be offered under the contract; how IT to support ETP will be funded; and the results of the Joint Cost Inquiry, which sought to identify the cost of providing the current pharmacy service.

PSNC will hold a series of roadshows beginning next month to answer queries, after which contractors will be balloted to see if they accept the contract and its funding.

PSNC will be looking for a "good majority" at the ballot, Mrs Sharpe said, but added that PSNC had not committed itself to a "specific percentage".

Mrs Sharpe said the cost inquiry, which was jointly carried out with the DoH using agreed methodology, survey and analysis, had found that the cost of providing the current pharmacy service was "significantly more than the global sum". She confirmed that as a result the next global sum was expected to be bigger to cover costs and ensure fair funding.

She explained that under the new contract there would be greater clarity of income sources because contractors will get a greater proportion of their income through national payments.

PSNC has also examined what regulation changes are required to support services in the new contract.

These include allowing pharmacists to refuse to provide a service to violent patients; the rollout of original pack dispensing; and clarity on whether services such as MDS supply constitute inducement.

Minister backs 'pharmacy for the fellas' concept

Health minister Rosie Winterton has highlighted the importance of encouraging men to make better use of pharmacies.

Men are particularly reluctant to discuss health problems in public, she said, but the new pharmacy contract will address concerns over lack of privacy.

Consultation areas will be one of the proposed requirements for advanced services.

"While initially this is particularly linked to pharmacists undertaking medicine use reviews, we would expect these areas to be used for other consultations," Ms Winterton said. "And as the range and quality of services available through pharmacies increases, I would expect pharmacists to identify other steps they can take to make their services more patient focused and men-friendly."

A pharmaceutical public health strategy, to be published in 2005, will consider how pharmacies could improve health and reduce health inequalities, she told a joint meeting of the All-Party Pharmacy Group and All-Party Group on Men's Health on Monday evening.

Rosie Winterton discussing the role of pharmacy in men's health issues this week

The minister said that, on average, a man's life expectancy is still about five years lower than that of a woman, and the difference is greatest in the most deprived areas. Men are significantly more likely to die than women from a number of causes, including suicides, drug-related poisonings, lung cancer and coronary heart disease.

"The challenge for all of us is how we can access the hard-to-reach communities, for example, the 50-year-old male smoker who does not routinely access health services."

The proposed new contract will be an important driver for change, she said.

Forum launches policy on male health

The Men's Health Forum has launched a programme to tackle issues affecting the health and wellbeing of men and boys.

It encourages men to consult pharmacists on a range of issues, from hangovers to heart health and points out that pharmacists are experts on medicines and must treat personal information in the strictest confidence.

In addition, its *Getting It Sorted* policy set out the steps needed to bring significant improvements in male health, including:

- establishing structures for health improvement at places where men spend most time, such as work, sports venues and pubs;
- including male health in all relevant public policy – education, employment, criminal justice as well as health; and
- developing the social skills necessary for men to use services effectively.

MHF president Dr Ian Banks claimed men's reluctance to seek advice from the health services was harming their health. As an example, he said, women were more likely to suffer from malignant melanoma but men were more likely to die from it because of late diagnosis.

More use should be made of community pharmacists, as highly trained professionals, in promoting men's health and encouraging early diagnosis, he told a joint meeting of the All-Party Pharmacy Group and All-Party Group on Men's Health.

One reason why men felt embarrassed about using health services was that their initial contacts at GP surgeries and in pharmacies tended to be women, said Dr Banks.

- The All-Party Pharmacy Group launched its own dedicated website this week. The site – *www.appg.org.uk* – has details of APPG meetings as well as reports and policy recommendations sent to ministers.

Speaking at the launch on Monday, chairman Dr Howard Stoate MP, said: " Our website provides another means for people to see what we think about these issues and what action we are seeking from ministers."

Salary costs climb as RPSGB reports loss

by Ailsa Colquhoun
acolquhoun@cmpinformation.com

Basic salary costs for the RPSGB's senior personnel and other employees rose 53 per cent and 13 per cent respectively during 2003, despite operating losses of £1.5m at the Society, according to its accounts for the year to December 31, 2003.

A rise in the average number of people employed by the Society in 2003 contributed to the salary costs but the loss was mainly due to a new accounting policy that recognised the editorial costs for reference works such as *Martindale*, as they are incurred, rather than on release of the new edition.

This, says the RPSGB, represented a more pragmatic approach, given the increasing frequency of publication and the growing importance of subscription income from electronic formats, as well as being more accurate and more tax efficient.

The accounts also recognised the impact of other costs and falling income streams on the year-end deficit. On the costs side, it listed "significantly increased" legal expenditure by the Professional Standards Directorate due to the Shipman Inquiry and increased activity within the Statutory Committee, as well as a 12 per cent rise in Council expenditure, due to training requirements and increased committee attendance expenses.

It highlighted a 7 per cent slump in sales by the publications directorate – largely attributed to a reduction in income from the *Pharmaceutical Journal*.

On the income side, there was an 8 per cent rise in the contribution from retention fees for both members and premises. This was due to both a 2.4 per cent increase in the number of members and a 4.8 per cent increase in retention fees.

Better cash management also resulted in a 19 per cent increase in the amount of bank interest received.

Other points include: 20,350 members are now participating in CPD; and all Society staff are now required to retire at 65.

Amlodipine clarification

PSNC has issued guidance on dispensing amlodipine (see *Reader Reply, p16*).

From May 1, amlodipine will move from Category C to Category A in Part VIII of the *Drug Tariff*. In addition, the term 'besilate' will be removed and the *DT* entries will read "amlodipine tablets 5mg and 10mg".

Prescriptions for amlodipine will be based on the *Tariff* price for amlodipine from May.

Payment for prescriptions for amlodipine besilate will be based on Istin if it has been endorsed as such. If there is no endorsement, payment will be based on the *Tariff* price for amlodipine.

Prescriptions for amlodipine maleate (or another salt) will be paid on the *Tariff* price for amlodipine.

PSNI to regulate technicians

Northern Ireland's pharmacy technicians will be required to register with the Pharmaceutical Society of Northern Ireland from 2007, the Association of Pharmacy Technicians (APT) has announced.

The Association said it had been informed by PSNI chief executive Sheila Maltby that subject to legislation, mandatory registration of technicians by PSNI would begin from May 2007. A 'grandparent' and/or transitional arrangements will also be introduced.

Welcoming the development, APT said that it had campaigned for pharmacy technician regulation in all home countries for many years.

Generics guide

The telephone number for HF Generics which appears in the 'wholesalers/distributors list' section of the new *C&D Generics* reference (April-September 2004) book should be changed to 01670 707777 and the fax number to 01670 707778.

SOPs on CD

UniChem has launched a template which will help pharmacists develop their own standard operating procedures.

Available on CD-Rom, the template has been developed by UniChem's Pharmacy Consultative Boards and is available free to UniChem customers.

It is the first in a series of templates to be launched this year by UniChem.

Extension to nurse formulary

by Ailsa Colquhoun
acolquhoun@cmpinformation.com

The Medicines and Healthcare products Regulatory Agency is planning to extend the range of conditions that can be treated and the Prescription Only Medicines that can be prescribed by extended formulary nurse prescribers.

Consultation document *MLX 303* proposes to add 11 conditions, including those of the eye and the skin, acute alcohol withdrawal, poisoning, oral and other infections, and conditions associated with the central nervous system, circulatory, gastrointestinal, musculoskeletal and respiratory systems, to nurse prescribers' extended formulary.

It also proposes to allow off-label prescribing in palliative care where it is in the best interests of the patient, and the prescribing of certain Controlled Drugs, subject to Home Office approval, new POMs and antimicrobials, as well as new routes of administration for existing POMs and antimicrobials.

In the consultation, which applies to the whole of the UK, the MHRA says that by increasing the range of medications included in the NPEF, independent nurse prescribers will, in appropriate circumstances, be able to provide comprehensive care for patients – without the need for inappropriate or unnecessary reference to medical colleagues.

For more information:
www.mhra.gov.uk

Tariff to use dm+d names

From next month the drugs listed in the *Drug Tariff Part VIII* will reflect the naming convention used in the *NHS Dictionary of Medicines and Devices (dm+d)*.

Products will be displayed as: name, strength, modification (when present), presentation and 'freeness' (eg sugar-free, gluten-free). Salt form will only be displayed if more than one clinically significant salt exists in that presentation. Reimbursement will not be affected if products are prescribed using a different naming convention.

The *dm+d* dictionary lists standardised names and descriptions of medicines and medical devices used in the NHS. It will ensure interoperability between future IT developments such as electronic transmission of prescriptions and the NHS care records service.

Lloyds reviews dispensing protocols after error

Lloydspharmacy has reviewed a branch's dispensing protocols following a dispensing error involving a nine-week-old baby.

Captopril 25mg tablets were dispensed against a prescription calling for captopril 2mg. The error was noticed by the child's mother, but was duplicated when an owing for the remainder of the prescription was dispensed at the higher strength.

Superintendent pharmacist Andy Murdock dismissed a *Daily Mail* claim that the error occurred because the pharmacist could not speak clear English. "The Spanish pharmacist who operates in the pharmacy is as competent as any UK pharmacist, is registered with the Society and has demonstrated good competency in English through language testing."

He added: "We have to learn by this incident and see where we can improve."

The company has worked with an independent risk assessment unit to identify any potential error that could occur during the dispensing process, and these have been built into its standard operating procedures.

Questiontime

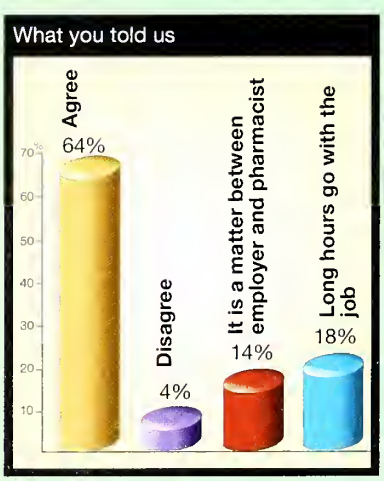
Sponsored by UniChem

Last week we asked you: "The RPSGB's Cheltenham branch says some pharmacists are working excessive hours without breaks. Do you agree?" You replied (see right):

This week's question: Do you think Chelsea FC will recover to make it into the Champions League final?

- Yes
- No
- Don't care

You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on April 27 to cast your vote. We will publish the results in *C&D*, May 1.



Seals of approval for websites

Complementary medicines researchers have called for cancer charities to offer seals of approval for reputable websites that offer alternative medical advice for cancer patients.

Edzard Ernst, professor of complementary medicine at Plymouth Peninsula Medical School, said some websites were "not supported by good scientific evidence. Other sites are outright dangerous as they advise patients against using conventional therapies".

For more information:
Annals of Oncology 2004; 15: 737-46

Insect repellent doesn't have to be greasy. It doesn't have to be sticky. It doesn't even have to smell like a chemical factory.

Welcome to the Autan Family range. No preservatives. No artificial colouring. Just a fragrant lotion that contains Aloe Vera. Importantly, it'll keep mosquitoes at bay for up to four hours.

So when a swarm of customers come flocking to your door, you'll know which brand to recommend. For more information call 0800 353 353 or visit www.autan.co.uk

Autan. You love it. Mossies hate it.

SC Johnson
A FAMILY COMPANY

Pharmacist given a year's reprieve under threat of striking off

A former Ulster Chemists' Association president has been given a year to sort out his pharmacy procedures, to avoid being struck off the Register.

Samuel Wilkinson, who has a pharmacy in Limavady, appeared before the Pharmaceutical Society of Northern Ireland's Statutory Committee on February 24 and March 19.

The charges against him included: dispensing unsigned prescriptions; failure to record the date of dispensing of CDs; failure to record receipt of CDs; and dispensing drugs in excess of the quantities prescribed and other inappropriate dispensing.

The Statutory Committee heard that, between January and August 2000, the pharmacy dispensed prescriptions for the same patient and same drug within a short time, sometimes even on the same day, resulting in customers receiving far more than they required.

Mr Wilkinson explained that all the prescriptions were valid and signed by the GP. The doctors had verbally told patients to increase the doses beyond those specified. The pharmacist knew the patients well enough to be confident that they would benefit from the increased doses and would not abuse the medicines.

Between February and August 2000, Mr Wilkinson claimed about £1,022 for quantities of drugs greater than the amounts specified on prescriptions. He argued that he had dispensed calendar strips in multiples of 7/14 rather than the exact amount prescribed, because it was inconvenient to cut strips and customers disliked receiving only part of a strip.

Cutting could also remove important information. The Committee accepted that he had not been fraudulent.

On January 15, 2003, Mr Wilkinson pleaded guilty at Limavady Magistrates' Court to dispensing 125 unsigned prescriptions.

He said his pharmacy would have dispensed 40,000 prescriptions during the period in question, so it was understandable that an odd mistake would occur. He and his staff knew their customers and would not dispense a non-genuine prescription.

The Committee decided that Mr Wilkinson had broken the law and breached the PSNI *Code of Ethics*. If taken individually, none of the breaches justified a striking off, but the Committee thought it could not overlook the accumulation of wrongful practices, some of which could lead to fraud.

"The prevailing impression of Mr Wilkinson's pharmacy practice ... is that there was a lack of respect for the rules and regulations governing the practice of pharmacy, a lack of any adequate system to ensure compliance with such rules and regulations, and a lack of interest on the part of Mr Wilkinson to set up and implement an adequate system," the Committee said.

It was naive of him to believe that none of his customers would abuse drugs, or at least be open to the risk of excess medicines in their homes ending up on the illicit market.

Since these matters came to light, Mr Wilkinson has tightened up his system and drawn up written protocols. His counsel argued that Mr Wilkinson had practised as a pharmacist since 1977, there was no suggestion of fraud or dishonesty and no suggestion that any patients had suffered or drugs fallen into the wrong hands.

The Committee felt the only sanction open to it was to direct that Mr Wilkinson be struck off, although it was prepared to postpone its final adjudication for 12 months.

By September 30, Mr Wilkinson would have to submit to PSNI a series of standard operating procedures and audit schedules and by February 28, 2005, he would have to submit documentary evidence that he had complied with his SOPs. No SOPs were specified; it was left to Mr Wilkinson's professional judgement.

"This is not designed as some form of obstacle course in the hope that Mr Wilkinson will fail," the Committee said. "On the contrary, it is an opportunity for Mr Wilkinson to demonstrate that he has put in place a system which would help ensure that he keeps within the rules and regulations governing the practice of pharmacy."

If successful, the evidence would weigh in his favour and against striking off at the next hearing, to be held no sooner than April 1, 2005.

Gas streams to replace injections

American researchers have developed a needle-free way of delivering drugs through the skin called microscission.

The technique uses a stream of gas containing tiny crystals of inert aluminium oxide to remove the skin surface and create tiny holes, called microconduits, in the layers of skin underneath. Drugs can then be administered through the resulting holes, which may be between 50 and 200μm deep.

Research volunteers at Harvard University said the process felt like a gentle stream of air against the skin. The researchers said that in the future the technology could be used to deliver drug molecules of any size, and to extract interstitial fluid and blood samples.

NPA

Voting boost

The NPA is hoping to encourage more of its members to vote in this year's RPSGB Council elections by asking candidates their views on supervision; pharmacists as independent prescribers; and control of entry. Responses will be placed on the NPA website. *(see also C&D election special p34)*

RPSGB

AGM motion

A motion calling for the Queen to reject the RPSGB's petition for a new Charter will be debated at the Society's AGM next month.

Mark Walker proposes rejection of all petitions submitted without members' consent. The RPSGB said the motion would not be binding, but would be an "influential expression of opinion".

ain's WOMEN'S HEALTH FORMULA

Wellwoman.com

WELLWOMAN

FOR CUSTOMERS IN THE 21ST CENTURY

VITABIOTICS
HERE NATURE MEETS SCIENCE

Wellwoman® is the intelligent multivitamin for women with EPO and starflower. With a unique £400,000 new advertising campaign starting now, its sales will turn you into a retailing superhero!

Vitabiotics
Wellwoman

Wellwoman Capsules and new Wellwoman Fizz are available from your wholesaler

AU chief in buy-out talks?

Venture capitalists have approached Alliance UniChem's chief executive Stefano Pessina with a deal to take the company private, according to *The Guardian*.

The paper says Mr Pessina controls just over 30 per cent of AU, effectively giving him the power to dictate the company's future.

However, it claims analysts are sceptical about the likelihood of a buy-out as AU's shares are performing strongly at the moment and it has £830 million debt as at the end of last year.

Reckitt revenues up

Reckitt Benckiser has seen its net revenue grow by 12 per cent in the first quarter of 2004.

Chief executive Bart Becht said: "Strong net revenue growth came behind the continued success of our product innovations such as Vanish Oxi Action and Lysol Ready Brush, and was further helped by favourable flu and pest season conditions in the first quarter. These results position us well to reach our full year targets of net revenue growth of 5 per cent plus and net income growth of low double digits, both at constant exchange."

Pfizer results high

Pfizer results for the first quarter of 2004 saw revenues up 47 per cent to £6.98 billion, driven by post-acquisition results of Pharmacia products, strong performances across a range of products, and the weakening of the US dollar.

The company's human pharmaceutical operations generated revenues of £6.18bn, up 46 per cent. Sales of Pfizer's Consumer Healthcare business were £449 million, up 39 per cent. Animal Health sales increased 59 per cent in the period to £239m.

ABPI slams EU on child medicines regulations

by Sasa Janković
sjankovic@cmpinformation.com

The Association of the British Pharmaceutical Industry has criticised proposed new EU regulations covering paediatric medicines for delaying improvements to their research and availability.

The ABPI praised the UK pharmaceutical industry for improving the provision of medicines for children and supports the need for new legislation to encourage further research. However, Dr Richard Tiner, ABPI's director of medicine, said the association regretted that EU proposals were unlikely to be finalised for at least another 18 months.

"This will introduce further delay in the development of paediatric uses for medicines in Europe," he said.

"Our biggest disappointment relates to the failure of the Commission to recommend a transition period whilst the discussions on the regulation take place in the Parliament and Council. Companies should be encouraged to develop paediatric data as soon as possible and not have to wait for 18 months or more due to the Parliamentary process. This would definitely benefit the children of Europe and partially alleviate the outcomes of the continuing delays in the introduction of final legislation," added Dr Tiner.

"We are also disappointed that there will need to be further legislation introduced to promote the Community programme Medicines Investigation for the Children of Europe (MICE) as we believe this further delays research into much older medicines which are frequently used in children, and is work that is unlikely to be taken up by the industry.

"The ABPI has led the way in European discussions over extending clinical trials to include children but this work can only be carried out where it is ethically safe to do so."

For more information:
www.abpi.org.uk

Dunn calls on pharmacists to support full-line wholesalers

AAH has warned independent contractors that if they continue to buy half their drugs from shortline wholesalers or parallel importers, the full-line wholesalers will be less prepared to support pharmacists to undertake new roles under the new contract.

"A typical independent buys only 50 per cent of his drugs from his full-line wholesaler, and that is wrong," said Steve Dunn, AAH group managing director and chairman of the British Association of Pharmaceutical Wholesalers. "It could mean full-line is unable to invest sufficiently to support pharmacy in the long term. Who else is going to produce the services that independent pharmacy needs? Not shortliners, that's for sure.

"Furthermore, pharmacists will find they do not have the time or the motivation to shop around for the last penny of profit, for example on generics. They will need to rely on their full-line wholesaler to provide a 'one-stop shop' solution and focus their energies on service provision to earn their money."
(See also p39-41).

SSL gets £55m for wound management division

SSL International has sold its wound management business for £55 million to a newly formed company, Medlock Medical, which was advised by Apax Partners.

Medlock manufactures and markets a range of medical and pharmaceutical products to hospitals and community healthcare providers. It currently focuses on compression therapy, dermatology, advanced woundcare, antiseptics and orthopaedics.

Ian Jones, a director of Apax Partners, said: "Medlock Medical has very strong market positions in a variety of niche product areas and we will be seeking to build upon this through the introduction of new products and increasing overseas sales."

Shire sells vaccine arm

Shire Pharmaceuticals has sold its vaccines business to Canadian biotechnology company ID Biomedical Corporation for £67 million. In return, Shire will provide a £56m loan to help fund the development of the business, which will be repayable from future sales.

Shire first announced its intention to exit the vaccines business last July. Upon completion of this transaction Shire will be focused on therapeutic products meeting the needs of specialist doctors.

Shire chief executive Matthew Emmens said: "The vaccines business has a good pipeline of products in early stage development and IDB is an ideal partner to take this business further, building on the success and promise that has already been created."

In 2003, the vaccines business generated revenues of £14m and a net operating loss of £12m.

PROPAIN® PLUS - PROFITS you and your customers

You get a product which offers an advantageous profit on return as well as a £1m TV, radio and press campaign to fire up demand.

Your customers get a treatment for tension headache they'll want to come back for - time and time again.

Paracetamol 450mg an effective analgesic to stop the pain. Also acts as an antipyretic (lowers a raised body temperature).

Codeine Phosphate 10mg acts quickly on the brain to reduce pain signals.

Caffeine 30mg a co-analgesic and mild stimulant to speed up the action of the paracetamol.

Doxylamine Succinate 5mg an antihistamine with a sedative effect to help relax muscular tension.

Film coated tablets that are easy to take.

To order product or point of sale for your store, please phone the Sankyo Customer Helpline on:

080 068 7616

OPAIN® Plus Caplets. ABBREVIATED PRODUCT INFORMATION Please refer to Summary of Product Characteristics for full product information **Presentation:** White compressed capsule shaped tablets with 50 embossed on reverse, each containing paracetamol BP 450 mg; doxylamine succinate USP 5mg, caffeine anhydrous BP 30mg, codeine phosphate BP 10mg **Indications:** Treatment of tension headache, adache, toothache, sore throat, backache, migraine, neuralgia, dysmenorrhoea, muscular and rheumatic aches and pains. Propain® Plus is also indicated for post-operative analgesia following surgical or dental cedures and for the relief of pain and reduction of fever associated with influenza and colds. **Dosage:** Adults and children over 12 years of age 1 or 2 caplets every four to six hours up to a maximum of 8 lets in 24 hours. The suggested dosage may also be administered to the elderly (in the absence of other contra-indications) Not suitable for use by children under 12 years of age. Not intended for use over g periods without consulting a doctor **Contra-indications:** Propain® Plus is contra-indicated in patients with known hypersensitivity to any of the ingredients Not recommended in pregnancy and lactation. Not be taken with other paracetamol-containing products. **Special warnings and precautions:** Propain® Plus should only be taken with caution by asthmatics Propain® Plus may cause drowsiness and affected viduals should not drive or operate machinery This may be aggravated by simultaneous intake of alcohol. As with all medicines containing paracetamol, codeine or antihistamines, caution should be exercised patients with compromised liver or renal function Caution is advised in patients with hypertension, hypothyroidism, adrenocortical insufficiency, prostatic hypertrophy, shock, obstructive bowel disorders, recent trointestinal surgery, gallstones, a history of cardiac arrhythmia or convulsions. The recommended dose should not be exceeded. **Side Effects:** Adverse effects of paracetamol are rare but hypersensitivity including rash may occur. Adverse effects of antihistamines vary but the most common is sedation. Caffeine may cause nausea, headache and insomnia. Codeine may cause constipation, nausea, vomiting, ziness, drowsiness and respiratory depression in sensitive patients Skin rashes have been seen rarely in hypersensitive patients. Market Authorisation number Propain® Plus tablets (PL 16/0363). **Market Authorisation holder:** Lagap Pharmaceuticals Ltd, Woolmer Way, Bordon, Hants. GU35 9QE **Legal category:** P **Trade price:** 16 caplets £1.94 (R.R.P £3.41), 32 caplets 96 (R.R.P £5.20). Further information from: Medical Information, Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks HP7 9LP **Date of preparation,** April August 2003. PF0401T
te of preparation, January 2004

SANKYO

Ransom buys Health Perception for £7.8m

by Saša Janković
sjankovic@cmpinformation.com

Natural healthcare company William Ransom & Son Plc has bought Health Perception (UK) Ltd from its founding shareholders for £7.8 million.

Health Perception is a UK market leader in glucosamine supplements, and claims more than a 40 per cent part of a UK market worth around £40 million per year.

Health Perception will continue as an autonomous business as part of the growing Ransom Consumer Healthcare division. Its chief executive David Wilkie will report to Tim Dye, William Ransom chairman.

Mr Dye said: "David Wilkie and his team have done a fantastic job of building a fast growing, market-leading business. This acquisition represents another step in the establishment of Ransom as the UK's leading natural healthcare company and we continue to seek appropriate high quality acquisition opportunities."

David Wilkie said: "Joining Ransom allows us to take the business to the next stage of its development. Ransom will give Health Perception greater access to a wider market through Ransom's proven expertise in branded consumer healthcare products and product development skills."

Stuart Stephen, Ransom Consumer Healthcare general manager, commented: "We welcome David and his team to Ransom Consumer Healthcare and look forward to working together to develop the business through organic growth and further acquisitions."

Ransom is planning to move out of its Hitchin manufacturing plant and will use the proceeds from the sale of the site to finance its consumer healthcare expansion plans. Manufacturing will be transferred to its existing production site in Witham, Essex, with around 40 jobs created.

For more information:
www.williamransom.co.uk

GSK will buy some Sanofi products in Aventis deal

GlaxoSmithKline will buy injectable anti-thrombotic agents Fraxiparine and Arixtra and related assets from Sanofi-Synthelabo for £303 million, if Sanofi completes its proposed £33 billion acquisition of Aventis.

As part of the deal, GSK would take over the Notre-Dame de Bondeville manufacturing facility of Fraxiparine and Arixtra, which employs 650 people. It would also assume responsibility for ongoing Arixtra clinical trials.

Sales of Fraxiparine were £214m in 2003. Worldwide sales of Arixtra were £16m in 2003.

The Supervisory Board of Aventis is currently in merger talks with Swiss firm Novartis after reiterating its rejection of Sanofi-SynthElabo's approach (*C&D, April 10, p12*).

However, the French government is currently opposed to an Aventis-Novartis merger on the grounds of "national interest".

Enterprising Pharma

Six companies from the pharmaceutical sector have been awarded a Queen's Award for Enterprise.

Dishman Europe Ltd, Laminar Medica Ltd, Nicobrand Limited, Total Healthcare Solutions Ltd, Wassen International Ltd, and Supply Point Systems Ltd were among the 112 winners.

This year's winners range in size from small businesses of just two or three people, up to an organisation employing more than 12,000.

Forty eight per cent of this year's winners employ fewer than 50 people and almost one third of them are from the service sector.

For more information:
www.queensawards.org.uk

More record results posted by Tesco

Tesco maintains its dominance in the supermarket arena with annual group sales up 18.7 per cent to £33.6 billion. Pre-tax profits rose 17.6 per cent to £1,600m (2003 – £1,361m).

In a week when it has announced a second £70m price cutting campaign across its product range, the supermarket giant reported UK sales for the year up 14.2 per cent to £26.4bn (2003 – £23.1bn).

Total international sales grew by 29 per cent to £6.7bn. UK sales grew by 14.2 per cent.

Terry Leahy, chief executive, said: "The last year has been an exciting time for retail and a great year for Tesco. Sales in our core UK market have grown by more than 14 per cent. We have seen a step change in non-food with an increase in market share. We are growing rapidly and are achieving our goal of being as strong as we are in food."

Product Information. Presentation: Each Zanprol 10mg Tablet contains 10 mg of omeprazole. **Uses:** Relief of reflux-like symptoms (eg heartburn). **Dosage:** Adults over 18 years only – 20 mg once daily before a meal. May be reduced to 10 mg daily, returning to 20 mg if symptoms return. Use lowest effective dose. **Contraindications:** Hypersensitivity, pregnancy/lactation. **Precautions:** Refer to doctor if no relief within 2 weeks, continuous use for 4 or more weeks to control symptoms, aged over 45 with new or recently changed symptoms, unintentional weight loss, anaemia, gastrointestinal bleeding, difficult or painful swallowing, persistent vomiting or vomiting with blood, epigastric mass, previous gastric ulcer or surgery, jaundice, any other significant medical condition (including hepatic or renal impairment), or pre-endoscopy. **Interactions:** Diazepam, phenytoin, warfarin, ketaconazole, itraconazole, cilostazol, voriconazole, digoxin, tacrolimus, ^{13}C-urea breath test. **Side effects:** Skin rash, urticaria, pruritus, photosensitivity, bullous eruption, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, alopecia and increased sweating. Arthritic and myalgic symptoms, bronchospasm, diarrhoea, constipation, abdominal pain, nausea/vomiting, flatulence, dry mouth, stomatitis and candidiasis. Increases in liver enzyme levels, encephalopathy in patients with pre-existing severe liver disease, hepatitis with or without jaundice and hepatic failure. Interstitial nephritis resulting in acute renal failure, gynaecomastia, impotence, headache, paraesthesia. Taste disturbances, mental confusion, agitation, depression, aggression blurred vision, blood disorders, hyponatraemia, vertigo, anaphylactic shock and angioedema, dizziness, light-headedness, feeling faint, somnolence, insomnia, peripheral oedema, malaise and fever. **Legal Status:** P. **Retail Selling Price:** 14 Tablets £9.49. **Product Licence Number:** PL 14017/0069. **Licence Holder:** Dexcel-Pharma Ltd, 1 Cottesbrooke Park, Heartlands Business Park, Daventry, Northamptonshire, NN11 5YL. **Date of Preparation:** November 2003. ZANPROL is a trade mark of the GlaxoSmithKline group of companies.

Reference:

1. Bardhan KD, Muller-Lissner S, Brigard MA *et al*. Br Med J 1999; **318**: 502-507.

gsk GlaxoSmithKline
Consumer Healthcare

At long last

Now you can give recurrent heartburn sufferers a real break with a simple short course of Zanprol.

Taken once daily, Zanprol can provide relief from heartburn and, after treatment, can give weeks of remission from recurrent attacks.[1]

new **Zanprol**™

10mg Tablets — **omeprazole**

- RELIEVES HEARTBURN & ACID REFLUX
- ONCE A DAY
- ADVANCED TREATMENT

14 TABLETS

A real break from recurrent heartburn

Comment from the Editor

As the RPSGB's Council election gets underway, *C&D* has asked the candidates their views on the Society (*p34*).

The RPSGB is under pressure, like other regulators, to modernise. The Shipman, Bristol Infirmary and Alder Hey scandals have put self-regulation firmly in the public arena. Pharmacy is no different from other healthcare professions in this respect: self-regulation should have a significant lay input and must always be in the public interest.

But the RPSGB differs from other regulators in that it has a dual role: it both regulates and promotes pharmacists' interests. And it is this that is the root of the problem. Can, or should, a modern regulator do both?

Predictably, the candidates are divided over whether the new Charter achieves the two roles as effectively as the Charter it is to replace. We have been accused of bias in our questions, but candidates should remember that 17 of the18 who stood last year said the modernisation process had not been effectively communicated. It is unfortunate, then, that the RPSGB's control over canvassing, the limited transparency of Council meetings, the SOS's legal action against 16 Council members and the 'moratorium' on reporting Charter issues adopted by the Society's official mouthpiece have stifled debate.

We acknowledge that the matter is complex, but we hope that our yes/no questions will engage voters more readily. As the RPSGB faces its biggest challenge for many years, it is vital that members are fully briefed before voting on the profession's future. We do not expect a Blairite U-turn on a Charter refererendum, so pharmacists must accept that if they do not vote now they will have to live with whatever results.

We hope that our yes/no questions will engage voters more readily

Last week's question was: The RPSGB's Cheltenham branch says some pharmacists are working excessive hours without breaks. Do you agree?

"In time, as more technicians become qualified to check, the pressure will come off"

Mary Chambers, Hartlepool

"Some do work without a break but this is a matter for the pharmacist and whoever employs them. As a locum, in some places I have a break but not in others "

Harold Purchase, Exminster

"Long hours go with the job. It is a matter between the pharmacist and the employer, but you should not be forced to work long hours"

Mrs J Jewell, Plymouth

Yourviews

Ple@se e-mail your views to chemdrug@cmpinformation.com

A reason to vote in the RPSGB Council elections?

Almost every week I read in my local paper stories of the excellent work being done by nurses. In many cases they are taking over responsibilities from doctors to the benefit of patients, doctors and the health service. In every case I read, the nurses are specialists who have been trained to a level of expertise in one area of treatment that allows them to work with doctors as equals.

The implications for pharmacists seem obvious. If we added specialist training to our long and rigorous education in the science of drug treatment, we could each become experts in particular areas of therapeutics and rapidly become trusted and valued members of the healthcare team.

Why doesn't this happen? Whereas the RCN represents nurses and promotes expanded roles for them, the outgoing Council of the RPSGB is made up largely of representatives of pharmacy employers.

Pharmacies, both in hospitals and the community, are run by organisations (NHS Trusts and pharmacy companies) where real power lies with the accountants.

These money men oppose any changes to pharmacy practice which would place greater value on the skills of individual pharmacists.

As a result, pharmacists are expected to undertake the same level of CPD as equivalent professions but covering the widest possible range of subjects and with no prospect of using the training to obtain more satisfying work where the new skills and knowledge could be used. In other words, we are forced to keep running just to stand still.

Only when the make-up of the RPSGB is very different from that we have now will pharmacists have any chance of attaining their true place in the healthcare team.

Barrie Paige, Guernsey.

TOPICAL REFLECTIONS

Technician training and the DDA

The Dispensing Doctors' Association is concerned about the effect of the Royal Pharmaceutical Society's qualification requirements for technicians working in pharmacies on dispensers working in dispensing doctors' practices (*C&D, April 17, p7*).

But even if the DDA training programme is revised to conform to NVQ requirements it will not apply to current trainees and even if obtained by future dispensers I am unclear as to whether it would confer entitlement to registration with the RPSGB.

If I were a technician training in a dispensing doctors' practice I would be concerned. Technician registration is not yet compulsory but I am sure it will be. The clinical governance agenda will ensure ever more control over competence of all staff and neither dispensing doctors nor their dispensary staff can remain forever immune.

In this environment of inevitable change the dispensing doctor must now feel uncomfortable. Recommended training standards for staff ignored by many can no longer be acceptable yet the DDA is not in a position to enforce standards. It is highly probable that technician registration with the RPSGB will become a pre-requisite for career minded pharmacy technicians but if dispensing doctors prevent their staff from achieving registration they could have problems recruiting. The promise of a dead-end career will certainly not encourage the most capable candidates to apply.

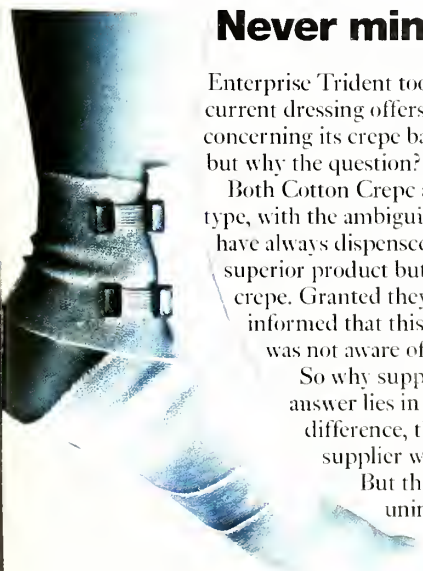
More support, less criticism please

I find it insulting when a fellow medical colleague, albeit practising in a complementary field, questions my professional and intellectual abilities. Manchester University's Professor Paul Durrington has claimed that pharmacists are currently inadequately trained to assess customer's CHD risk (*C&D, April 17, p7*).

Presently for the majority of community pharmacists, the necessity to be competent to assess CHD risk does not exist but if circumstances, and the sale of simvastatin OTC is just one example of change, then I will have the motivation, the intellectual ability and the professional responsibility to become properly trained.

Professor Durrington is critical of pharmacists *per se* when, as a leading academic, he should be supporting their potential to widen accessibility to the public of high class health services through community pharmacies. I agree with him that the sale of statins OTC should require a verifiable cholesterol reading and it will be the pharmacists' responsibility to encourage that test.

However, if customers are ever to be empowered with responsibility for their own health they must be provided with both the assessment tools and the means to achieve that purpose. Community pharmacists are uniquely positioned to advise on the assessment and control the sale of the means.



Never mind the quality, feel the width

Enterprise Trident took a full-page advertisement in *C&D* last week to promote its current dressing offers. Nothing unusual in that except the strange question concerning its crepe bandage. When is a crepe NOT a crepe? The answer is simple but why the question?

Both Cotton Crepe and Crepe BP are *Tariff* items, yet prescriptions rarely specify type, with the ambiguity being resolved by endorsement from the pharmacist. Now I have always dispensed Crepe BP because it is usually what is intended and is a superior product but when I ordered recently from a new supplier I was sent cotton crepe. Granted they were cheap but also inferior and when I questioned it I was informed that this wholesaler did not even stock BP quality and the salesperson was not aware of the difference.

So why supply cotton crepe when BP quality was probably intended? The answer lies in the price and if the pharmacist is unfamiliar with the difference, thereafter only cotton crepe will be dispensed and the 'cheaper' supplier will have cornered the market.

But the consequence is that the pharmacist could also be committing unintentional fraud. A prescription that only states crepe bandage and is not endorsed would be paid as if BP were dispensed. A nice, if unintentional, little earner and possibly the real reason behind Enterprise Trident's question.

BlackBAG

New contracts for old

Confronted by an immovable door, Chico Marx finally gained access through chanting "Open-says-a-me." So, OK, not the best one-liner but it did the trick. The new contract divided GPs into those who believe Dr John Chisholm, chairman of the BMA's General Practitioners Committee, either opened the doors of Aladdin's Cave or the doors of hell.

Filthy lucre certainly features. One PCT recently bribed GPs with £100 per ex-smoker who had seen the light for the last time. That this depended on a verbal confirmation of tobacco-free status was good enough for a Trust desperate to meet one elusive target. As Sam Goldwyn never actually said: "A verbal agreement ain't worth the paper it's written on." The BMA was suitably shocked and for good reason.

For the first time and certainly in contrast to the fundholding debacle of 1990, quality rather than quantity is driving the general practice agenda. Now GPs will be paid according to the level of service offered by their practice.

... quality rather than quantity is driving the general practice agenda

Home visits present a special dilemma. Out-of-hours service is now the responsibility of PCTs. Unfortunately quite a few of them only woke up to this after the April 1 start date for the new contract.

An unseemly scramble is now taking place, with locum agencies shuttling over-tired doctors across the country from one unprepared region to another. Despite all the good intentions enshrined in the contract there is a short-term danger of poor service combined with a lowered confidence from the public in the status of locum doctors, with a negative impact on recruitment.

As Groucho Marx said: "I wouldn't join any club which would have me as a member."

The genie is well and truly out of the bottle.

Ian Banks is a GP practising in Northern Ireland

Relieving period pain

Cramping abdominal pains occur when increased levels of prostaglandins after ovulation cause the muscles of the uterus to contract. The womb contracts to shed its extra lining and the unfertilised egg. If these contractions are especially strong, some women will suffer from period pains. The higher the prostaglandin level, the stronger the contractions can be. The pain may be felt as a steady ache, or a sharp colicky pain that comes and goes, but each woman's experience of period pain is different. A number of women also get associated symptoms including: headaches, backache, diarrhoea and nausea.

Anti-inflammatory drugs such as ibuprofen and aspirin can help to relieve cramping period pain. Paracetamol, another common analgesic, relieves pain but does not inhibit prostaglandin synthesis in the uterus. Ibuprofen is effective not only because it has analgesic properties but also because it inhibits prostaglandin synthesis and therefore reduces uterine muscle contraction. The literature evidence shows that ibuprofen is a worthwhile choice at the onset of menstrual pain[1] and in most cases at doses available over the counter[2]. Both physiological measures and assessments of pain scores show that ibuprofen reduces the intensity of pain of dysmenorrhoea more effectively and allows a return to normal daily activities[3].

Julie Lucas, Practice Nurse, Liskard, former chair RCN Practice Nurse Association and member of the **Pain Initiative.**

The **Pain Initiative** is supported by an education grant from Nurofen™.

1. Shapiro SS, Diem K, The effect of ibuprofen in the treatment of dysmenorrhoea, Curr Ther Res 1981; 30(3): 327-334
2. Milsom I, Andersech B, Effect of ibuprofen, naproxen sodium and paracetamol on intrauterine pressure and menstrual pain in dysmenorrhoea, Br J Obstet Gynaecol 1984; 91(11): 1129-1135
3. Gookin KS, Forman ES, Vecchio TJ et al., Comparative efficacy of ibuprofen, indomethacin and placebo in the treatment of primary dysmenorrhoea, South med J 1983; 75: 1361-1362, 1367

NUROFEN

Lambeth OUTLOOK

Sharpen your pencils...

... and get your manifesto questions ready as speculation suggests an election nears, says Beverly Parkin, director of public affairs at the Royal Pharmaceutical Society

We know that there are only a few certainties in life: death, taxes and the political stance of the *Daily Mail*.

However, there is another: the date of the next general election has to be before July 2006. Although, technically, the Prime Minister could hold out until then, the smart bets are on an election in May 2005. But only four people in Government are thought actually to know the date: Tony Blair, John Prescott, Gordon Brown and the PM's communications chief, David Hill.

Whatever the timetable, we are now in the run-up to the next general election. The political parties are consulting their members and formulating their policies to present to the public as manifestos. You may remember that the Labour Party launched the biggest ever consultation on its future policy direction last September.

Initially, the Big Conversation was met with scepticism. But by holding consultation events all around the country, and putting resources into launching a dedicated website, the Labour Party has successfully used the process to communicate extensively with voters. At Big Conversation headquarters, the Labour Party is now sitting on a vast repository of e-mails, letters, verbal messages and testimony direct to ministers. As the process draws to an end over this year, this qualitative data will be interpreted. The next manifesto should make fascinating reading.

Of course, the Labour Party is not the only political organisation drawing up its policies for the coming election. Although the Conservative Party does not have a formal policy-making process comparable to the Labour and Liberal Democrat structures, insiders believe this gives them the edge in responding to economic, global and local issues quickly and effectively. Interestingly, Michael Howard made David Willetts MP, who still enjoys the epithet "two brains", the chairman of the Conservative research department. Willetts has a track record of being able to develop new policy and explain it in a palatable way.

The Tories' last large-scale consultation was William Hague's Kitchen Table Conservatism. Now, under Michael Howard's leadership, taking a leaf from Tony Blair's practice in opposition, the Tories are working to develop a small number of eye-catching, flagship policies that they hope will resonate with the voters. On health, for example, shadow health secretary Andrew Lansley MP is promoting the "patient passport" as a main plank of Tory health policy. This kind of co-payment system for the health services is likely to be vigorously debated in the run-up to the election.

The Liberal Democrats have what they consider to be the most democratic policy-making structure. They are a federated organisation, with each of the federal areas feeding into central policy-making through the party conference. Indeed the Lib Dem conference is the only one where policy will actually be decided on the basis of the floor vote.

Pharmacists can use the party policy-making processes to influence the next set of manifestos. Information is on the party websites, or better still, why not contact your local MP and parliamentary candidates? There is nothing like an election to make politicians pay attention to the public.

Reader Reply

Amlodipine advice

Paul Duke: cost savings are possible

Generic companies have launched amlodipine, enabling significant savings on its costs of over £186 million last year. However, many retail pharmacists have not yet benefited from new generic amlodipine price benefits because of confusion surrounding the product's salt descriptor.

Amlodipine maleate was launched last month, as clinically equivalent to the besilate salt of the originator brand, following a decision by the MHRA to accept different salts in abridged generic product licence applications, where the product can be shown to be "essentially similar".

Because of a continuing patent on the besilate salt, the new generic amlodipine maleate alternative can only be dispensed if the prescription is salt-neutral and reads 'amlodipine'.

The current *Drug Tariff* listing is in Category C of Part VIII as amlodipine besilate tablets. As this descriptor applies only to the brand (Istin) there is in effect no generic listing. The *Tariff* will list amlodipine tablets in May.

Prescribing software, including EMIS, has been amended so that amlodipine tablets are now available, but repeat prescriptions may still default to the besilate descriptor. Therefore GPs need to be reminded of the importance of prescribing using the salt-neutral descriptor, including on repeat prescriptions. Practices using EMIS's LV system have an option to change patients over to amlodipine in a batch change.

In the meantime you may feel that you have no choice but to dispense Istin against generic salt-neutral amlodipine prescriptions. This is not the case. You can dispense generic amlodipine today.

Paul Duke,
general secretary, British Generics Manufacturers' Association.

ur customers don't want to just treat their hayfever. They want to prevent it - hich makes Nasaleze the answer to their prayers. New Nasaleze is a simple wder spray that turns noses into natural allergen traps. So when pollen gets the nose - that's as far as it goes.

l them all about new Nasaleze - because prevention is better than cure.

r more information contact your Dendron representative.

EW NASALEZE TREATS THE CAUSE NOT THE SYMPTOMS

Pole position

As Poland's economy enters the European mainstream, Felix Corley visits a small pharmacy in a growing village near Warsaw

With Poland's entry to the European Union in May, all eyes are on how the largest new accession country copes with the opportunities and challenges of Union membership. But few places illustrate better the massive economic progress since Poland shed communist rule 15 years ago than the newly-prosperous villages that surround the capital, Warsaw.

In that time, the village of Komorow – a half-hour ride from central Warsaw on a cranky train or an hour's drive in rush-hour – has been transformed. Lavish new houses have sprung up amid the forest on the village's fringes as those who have come into money flee the capital. Despite the newcomers, it retains the air of a quiet village, though no-one knows how long that will last.

But new residents mean more pharmacy business, and the Ostoja Pharmacy, based in the cluster of shops around the station, opened three years ago to meet the growing need, the second pharmacy in the village.

Its clean and bright interior are certainly attractive and the shelves are packed with a good range of products. This being Catholic Poland, a crucifix hangs on the wall.

Monika Otrebska, the pharmacy manager, does not believe EU entry will have a huge immediate impact, but sees the changes that will inevitably follow as part of longer-term trends already underway. "Restrictions on opening pharmacies have already been easing," she reports, "and chains of pharmacies will come soon, though we don't know when. Many non-prescription medicines can now be bought almost anywhere."

Ms Otrebska, who joined the Ostoja Pharmacy soon after it opened, has seen business build up in that time and is determined to offer a quality service to her customers.

Pharmacy owners in Poland do not have to be trained pharmacists, and Ostoja Pharmacy is owned by a local businessman. But, as Ms Otrebska explains, a pharmacist must be on duty at all times when the pharmacy is open.

Although the pharmacy is open for long hours (from eight in the morning till eight at night on weekdays and early closing on Saturdays), there are two teams of staff, each doing seven-hour shifts. As well as two pharmacists and two technicians, the pharmacy also employs an accountant and a cleaner.

Ms Otrebska is lucky: the pharmacy does not have to offer an emergency service outside of hours. A notice on the door directs customers to the nearest emergency pharmacy.

As the market opens up, more and more medicines are being made available without prescription and over the counter medicines represent a growing part of the pharmacy's business. Many products have been backed by expensive media advertising campaigns, though only non-prescription products can be advertised.

Pharmacies are allowed to sell not just medicines but other related healthcare products as well, and Ostoja Pharmacy sells soap, shampoo and, for example, Scholl footcare products.

Ms Otrebska gained her pharmacy master's degree at the department of pharmacy of Warsaw's Academy of Medicine, though several other major cities have pharmacy departments also, including Gdansk and Lodz. Doctors and dentists also take courses in the pharmacy department, though most student there are those training to be hospital, retail or research pharmacists.

Master's degrees take five years including the compulsory practical work that students undertake towards the end of their studies. "I only did one period of practical work as I specialised in technology."

Even today, pharmacists are required to study Latin as part of their training, as are doctors and dentists. "I had already done

Monika Otrebska in the Ostoja Pharmacy

Promotion

New Canesten Oral & Cream Duo – an ideal thrush treatment

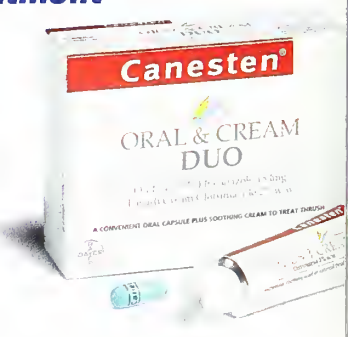
Following the phenomenal success of Canesten Oral in 2003 which grew the category by £3.5 million in less than 12 months[1] Canesten have now launched the ideal thrush treatment to meet your customer's need.

Research shows the 60% of women suffering from thrush would prefer to take an oral thrush treatment provided it's from a trusted brand. However, over 50% also require immediate soothing relief from the external itch[2] That's why New Canesten Oral and Cream Duo give women what they have been looking for;

- An oral capsule to treat the internal infection plus a tube of % double strength thrush cream to relieve the external symptoms.
- Convenient treatment suitable for women with busy lifestyles.
- Also suitable for male partners with thrush.

Canesten is one of the OTC market's biggest advertisers and continues to invest heavily in brand support – £5 million on TV and consumer press – which is sure to trigger additional sales. The launch of Canesten Duo will also be supported by an educational package aimed at pharmacists and pharmacy assistants, as well as highly visible point of sale material.

References: 1. IRI data Jan 2004 2. U&A 2000



Abbreviated Product information for Canesten Oral & Cream Duo
Presentation: Canesten Oral Capsule contains 150mg fluconazole. Canesten Thrush Cream contains clotrimazole 2% w/w. Indications: Oral Capsule Treatment of candidal vaginitis, acute or recurrent. Also for treatment for partners with associated candidal balanitis. Thrush Cream Treatment of candidal vulvitis. To be used as an adjunct to treatment of candidial vaginitis. Can also be used for treatment of the sexual partners' penis to prevent re-infection. Further information is available from Bayer p Consumer Care Division, Newbury, Berkshire RG141JA. Legal category: P Date of Preparation April 2004.

Latin in grammar school, so I didn't have to do it."

There is also a lower-level qualification as a pharmacy technician, with studies at a technical college. "Technicians can do almost everything a trained pharmacist does, but the pharmacist has to supervise them," Ms Otrebska explains. One thing they cannot do is dispense stronger medicines such as narcotics, which we don't supply anyway."

After graduating, she worked in the pharmacy of a psychiatric hospital near Komorow for eight years. "This was a completely different job," she recalls. "It was easier in that we dealt with a much smaller range of medicines, but it was a very responsible job because many of the drugs we used were strong."

Technicians can do almost everything a trained pharmacist does

Poland has truly entered the international drugs market. "We have medicines from Poland, Germany, France, everywhere. Polish medicines are generally cheaper, though they are as good as any others." A look round the shelves reveals many familiar products from international companies.

There is no flat rate for prescription medicines as in Britain. "Some drugs are expensive, some are cheap." She says part of the cost for certain medicines on a special list is refunded from the national health fund. These rebates are the same for everyone, regardless of their wealth. Only special groups, such as war invalids, get these medicines free.

Pharmacies have to sell prescription medicines at fixed prices agreed between the government and the drug companies. There are no controls on prices of other products.

Ms Otrebska reports that her staff normally offer the named medicine the doctor has prescribed, although they can inform customers of generic alternatives. "We can tell them of cheaper alternatives, though we wait until they ask. It depends on the doctor whether they give a generic or specific medicine."

Drug companies have a well-developed distribution service, and Ms Otrebska says they frequently have visits or calls from sales reps with new products.

"Competition from wholesalers is increasing." She chooses to buy from various suppliers.

In line with many pharmacies in the region, Ostoja Pharmacy still makes up some of its own medicines on the premises. "These are traditional medicines, for example compounds for coughs or stomach complaints. We mix them up with a pestle and mortar and customers have to come back for them the next day," Ms Otrebska reports. "Almost every day we have to make up one medicine or another."

She insists that these are scientific medicines, not folk remedies. "We learn about these medicines in the academy. Sometimes the doctors even write the names of these medicines in Latin on their prescriptions."

Technicians are also allowed to make up these medicines, although not if they contain narcotics or strong drugs.

Despite a generally growing pharmacy market, Ms Otrebska says that pharmacy graduates are finding it tougher to get jobs. It is also more difficult to move from one job to another.

Does she have ambitions to have her own pharmacy? Ms Otrebska smiles. "If I could get together the money, maybe I would, but there is little chance of that. You have to have an awful lot of money."

chill out

new Caralpha Tablets (Lisinopril HCT)

Now off patent, our new Caralpha tablets are available from your wholesaler. Each tablet contains Lisinopril dihydrate 10.9mg or 21.8mg equivalent to lisinopril 10mg or 20mg, and hydrochlorothiazide 12.5mg.

Product Name	Caralpha Tablets (Lisinopril HCT)
Strength	10mg/12.5mg 20mg/12.5mg
Indications	Essential hypertension

ALPHARMA
Making medicine accessible

Alpharma Limited, Whiddon Valley, Barnstaple, Devon EX32 8NS
Tel: 01271 311 200 www.accessiblemedicine.co.uk

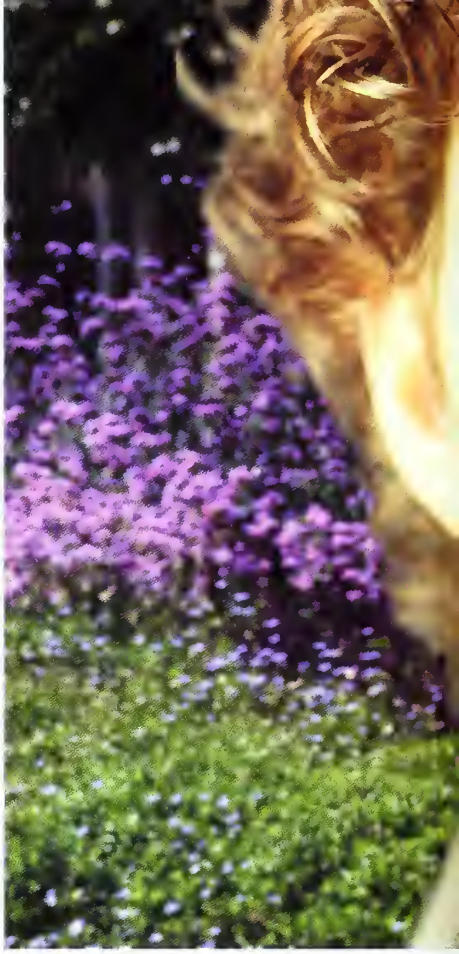
Abbreviated Prescribing Information
Product name: Caralpha 10mg/12.5mg, 20mg/12.5mg tablet (Lisinopril dihydrate and hydrochlorothiazide) **Active Ingredients:** Caralpha 10mg/12.5mg tablets: Each tablet contains Lisinopril dihydrate 10.9 mg equivalent to lisinopril 10 mg and hydrochlorothiazide 12.5mg. 20mg/12.5mg: Each tablet contains Lisinopril dihydrate 21.8 mg equivalent to lisinopril 20mg and hydrochlorothiazide 12.5mg **Indications:** Treatment of essential hypertension. Lisinopril/Hydrochlorothiazide Alpharma fixed dose combination (10mg or 20mg lisinopril and 12.5mg hydrochlorothiazide) is indicated in patients whose blood pressure is not adequately controlled on lisinopril (or hydrochlorothiazide) alone. **Legal Category:** POM **Product Licence Holder:** Alpharma Limited Whiddon Valley BARNSTAPLE N Devon, EX32 8NS **Date of Preparation:** March 2004 **Date of Revision:** May 2003. For full prescribing information go onto our website www.accessiblemedicine.co.uk/medloc/ukindex1.htm

Kendalls ALP413

Advertisement Feature

Benadryl® ALLERGY RELIEF Acrivastine

Serious Season for Hayfever



National Pollen Research Unit predicts early start to pollen season

Hayfever (seasonal rhinitis) is one of the most common forms of allergy and it is estimated that it affects almost 12 million people in the UK. Allergy sufferers are often met by a lack of understanding surrounding their condition and can have difficulty finding the right advice and treatment. Pharmacists are ideally placed to offer both invaluable advice about allergies and suitable treatments to meet sufferers' needs.

Severe birch pollen season expected[1]

Green, English summers are not welcomed by all. Afternoon tea on the lawn and a summer's evening cricket match will this year prove a problem for hayfever sufferers. The grass season is predicted to start earlier than the end of May, when the average hayfever season usually occurs. The year ahead is likely to yield a severe birch season, which will start earlier than average. The south and Midlands should see an increase in reported symptoms in late March. The north will experience the same trend but slightly later at the end of the first week in April.

Top tips for enjoying a sneeze-free season

Summer sun and the outdoors can still be enjoyed by allergy sufferers as long as they stick to the following advice:

- ✔ Avoid holidaying at a time when pollen is at its peak
- ✔ If choosing a European destination, choose an area where the vegetation is different to that in the UK. This way you reduce the risk of encountering the type of pollen that causes your hayfever
- ✔ Visit ***www.allergyadvice.co.uk*** to register for your free pollen alert
- ✔ Try to avoid being outdoors during daily pollen peak times – pollen counts tend to be lower between 9am and 3pm
- ✔ Pollen levels are generally lower after it has rained or on cooler, cloudy days
- ✔ Shower and wash you hair before you go to bed, as pollen also sticks to your hair
- ✔ Wearing wraparound sunglasses can help stop pollen irritating your eyes

Nothing works faster – Benadryl Allergy Relief® is active in 15 minutes

Treating hayfever can often be confusing, with an array of hayfever products available on the market to recommend to the customer. However, Benadryl®, the number one allergy brand[2], offers a variety of treatments to ease symptoms ranging from itchy, red, swollen eyes, to sneezing and a running nose.

Benadryl Allergy Relief (contains Acrivastine) provides non-drowsy*, flexible dosage for effective relief. It is the only hayfever or allergy tablet active in 15 minutes.

Benadryl offers a range of other products to help manage the symptoms of hayfever as well as treating dust, pet and other allergy symptoms – all available in your local pharmacy:

- **Benadryl Plus®** (contains Acrivastine &

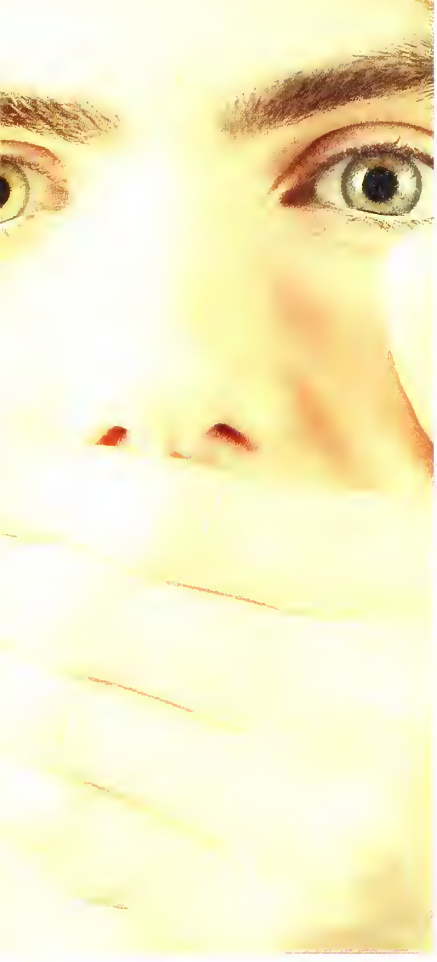
Product information

Benadryl Allergy Oral Solution Product Information Presentation: Solution containing 1mg/ml Cetirizine hydrochloride. Uses: Seasonal allergic rhinitis, perennial rhinitis and chronic idiopathic urticaria. Dosage: Adults and children 12 years and above: 10ml once daily; Children 6 - 11 years: 10ml once daily or 5ml twice daily; Seasonal allergic rhinitis only: Children 2 – 5 years: 5ml once daily or 2.5ml twice daily. Contra-indications: Hypersensitivity to any of the ingredients. Do not use in pregnancy or lactation. Precautions: Reduce dose by half in cases of renal insufficiency. Avoid excessive alcohol consumption. Side & adverse effects: Occasionally drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely convulsions. Price: £4.99 (£4.25 ex-VAT) Legal category: P. PL holder: UCB Pharma Limited, 3 George Street, Watford, Hertfordshire, WD18 0UH. PL number: 08972/0033. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ. Date of revision: January 2003.

Benadryl Allergy Relief Product Information Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Dosage: Adults and children aged 12 - 65 years: one capsule up to 3 times a day. Contraindications: Hypersensitivity to acrivastine or triprolidine. Significant renal impairment.

Precautions: Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. Pregnancy & lactation: Not recommended. Side effects: Rarely drowsiness. Price: 12s, £4.35 (3.70 ex-VAT); 24s £7.55 (£6.43 ex-VAT). Legal category: P. PL holder: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ. PL number: 15513/0035 Date of preparation: July 2003.

Benadryl One A Day & Benadryl One A Day Relief Product Information Presentation: Cetirizine 10mg. Uses: Symptomatic treatment of rhinitis and urticaria. Dosage: Benadryl One A Day, Adults and children 6 years and over: One tablet daily. Benadryl One A Day Relief, Adults and children aged 12 years and over: One tablet daily. Contraindications: Hypersensitivity to any of the ingredients. Precautions: As with other antihistamines avoid excessive alcohol consumption. Pregnancy & lactation: Not recommended. Side effects: Occasionally headache, dizziness, drowsiness, agitation, dry mouth or



Allergy Advice Website

www.allergyadvice.co.uk offers invaluable allergy advice at the click of a mouse. The user-friendly website has essential information on all aspeets of hay fever and common allergies, sueh as dust, pet and skin allergy, as well as being an interactive and fun site to visit.

eudoephedrine) is the only OTC allergy
eatment with added decongestant
Benadryl One A Day Relief®
ontains Cetirizine hydrochloride) is fast-
ing and provides non-drowsy*, 24-hour
ief
Benadryl Skin Allergy Relief Cream
Lotion® (contains Diphenhydramine
droehloride) is a soothing topical
eatment for bites, stings and
nburn
Available for children is **Benadryl**
lergy Oral Solution® (contains
etirizine hydrochloride). Suitable for
ildren aged from two years, just one
se of the banana-flavoured liquid
ovides non-drowsy*, all day relief.

K Allergy Alert Programme

he UK Allergy Alert Programme is
nique and free pollen alert service for hayfever sufferers, sponsored by Benadryl, bringing localised weekly forecasts of the pollen count direct to sufferers and is available either via text message or email.

Mobile phone users can subscribe to the service by texting 'POLLEN' to 85080** for pollen forecasts direct to their mobile phone. Visit ***www.allergyadvice.co.uk*** to receive accurate weekly pollen forecasts via email.

What the future holds

Over the next few years the increasing prevalence rates for allergy combined with the trends in pollen seasons due to elimate changes will see a growth in hayfever sufferers and extended hayfever seasons. This is due to earlier starts in the spring for the tree pollen and a prolonged grass pollen season.

Could this hayfever season be lucky for you?

Benadryl will be giving you weekly pollen forecasts in the Market Watch section. For your chance to win a Jotter roller ball pen from Parker just answer the following question:

How many cities are monitored each week in the Benadryl Pollen forecast?

a. **5** b. **8** c. **13**

Check out Benadryl's first pollen forecast of the year in Market Watch for the correct answer. Send your answers to **Benadryl/C&D Competition, PO Box 426, Hayes, Middlesex, UB40 WX.**

*Acrivastine /Cetirizine, at the recommended dose, does not cause drowsiness in the majority of people. However, rare cases of drowsiness have been reported.

**Initial message is charged at your normal network rate. To unsubscribe from subsequent free alerts text 'STOP' to 85080.

References:

1. Data on file. Professor Jean Emberlin, National Pollen Research Unit, University College, Worcester

2. IRI MAT 21st February 2004

gastrointestinal discomfort. Price: Benadryl One A Day, 14 £7.95 (£6.77 ex-VAT); Benadryl One A Day Relief, 7 £4.45 (£3.79 ex-VAT) Legal category: Benadryl One A Day, P. Benadryl One A Day Relief, GSL. PL holder: UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire, WD18 0UH. PL number: D8972/0D32. Further Information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire, SD53 3ZD. Date of preparation: July 2DD3.

Benadryl Plus Capsules Product Information
Presentation: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: Adults and children 12 - 65 years: One capsule as necessary, up to three times a day. Contraindications: Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease; those who have taken MAOI's in the preceding 14 days. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. Pregnancy & lactation: Not recommended. Side effects: Rarely skin rash, drowsiness, urinary retention or CNS excitement. Price: 12s £4.99 (£4.25 ex-VAT), 24s £8.99 (£7.65 ex-VAT) Legal category: P PL holder: Pfizer Consumer Healthcare, Eastleigh, SD53 3ZD PL number: 15513/0D17 Date of preparation: July 2DD3.

Benadryl Skin Allergy Relief Cream and Lotion Product Information
Presentation: Cream or lotion containing Diphenhydramine hydrochlonde 1%, Zinc oxide 8% and Camphor D.1%. Uses: Relief of skin allergies and irritations. Dosage: Children and adults: apply topically to affected area three or four times a day. Contra-indications: Chickenpox, measles or broken skin except under medical supervision. Concomitant use with other diphenhydramine-containing drugs. Precautions. Do not apply to broken skin or mucous membranes. Avoid contact with eyes. Pregnancy & Lactation. Not recommended Side & adverse effects: Rarely skin irritation or sensitivity. Price: Cream and Lotion £3.55 (£3.D2 ex-VAT) Legal category. P PL holder: Pfizer Consumer Healthcare, Eastleigh, SD53 3ZD PL number: Cream: 15513/DD78; Lotion: 15513/DD77 Date of preparation: March 2DD3

URGENT INFORMATION

for Healthcare Professionals in DIABETES CARE

THE FOLLOWING INSULINS ARE BEING **DISCONTINUED**

FROM 30TH APRIL 2004

FROM 31ST JULY 2004

Please be assured that Lilly remains committed to Diabetes Care.

If you have any questions or concerns please call the Lilly Diabetes Careline: **0800 7836764**

Date of preparation: March 2004
LP326

Lilly

Mark Greener looks at the mechanisms involved in pain transmission and factors affecting the way we perceive pain

When good pain turns bad

Next time you stub your toe remember that pain is, usually, good for your health. It's an essential signal telling us to "stop doing something dangerous or destructive".[1] Put more formally, pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or which we describe in those terms.[2]

In some cases when good pain turns bad, this fundamental survival mechanism causes more health problems than it prevents. Excessive, protracted pain undermines our wellbeing as the pervasive, and often therapeutically intractable, problem posed by neuropathic pain starkly illustrates.

Even good pain – warning us of the tissue damage associated with toothache or a sprained ankle – can undermine our quality of life when excessive, protracted or both. Fortunately, a growing variety of analgesics that are active against an increasingly diverse range of molecular targets should improve pain management.

Such advances are certainly needed. Chronic pain is common: perhaps 40 per cent of adults suffer back pain over a year. One in five people in a European survey reported experiencing chronic pain. But up to half of patients enduring chronic pain do not receive adequate relief. Indeed, numerous studies show that pain management is often suboptimal, even in terminal cancer when the risk of opiate addiction is irrelevant.

So this feature introduces the nociceptive and neuropathic pain pathways, examines some new analgesic targets and considers why researchers are re-evaluating the mode of action of our most widely used painkillers.

Pain is, broadly, either nociceptive or neuropathic. Pain arising from a physical cause is nociceptive. Neuropathic pain arises from damage to the nervous system.[3]

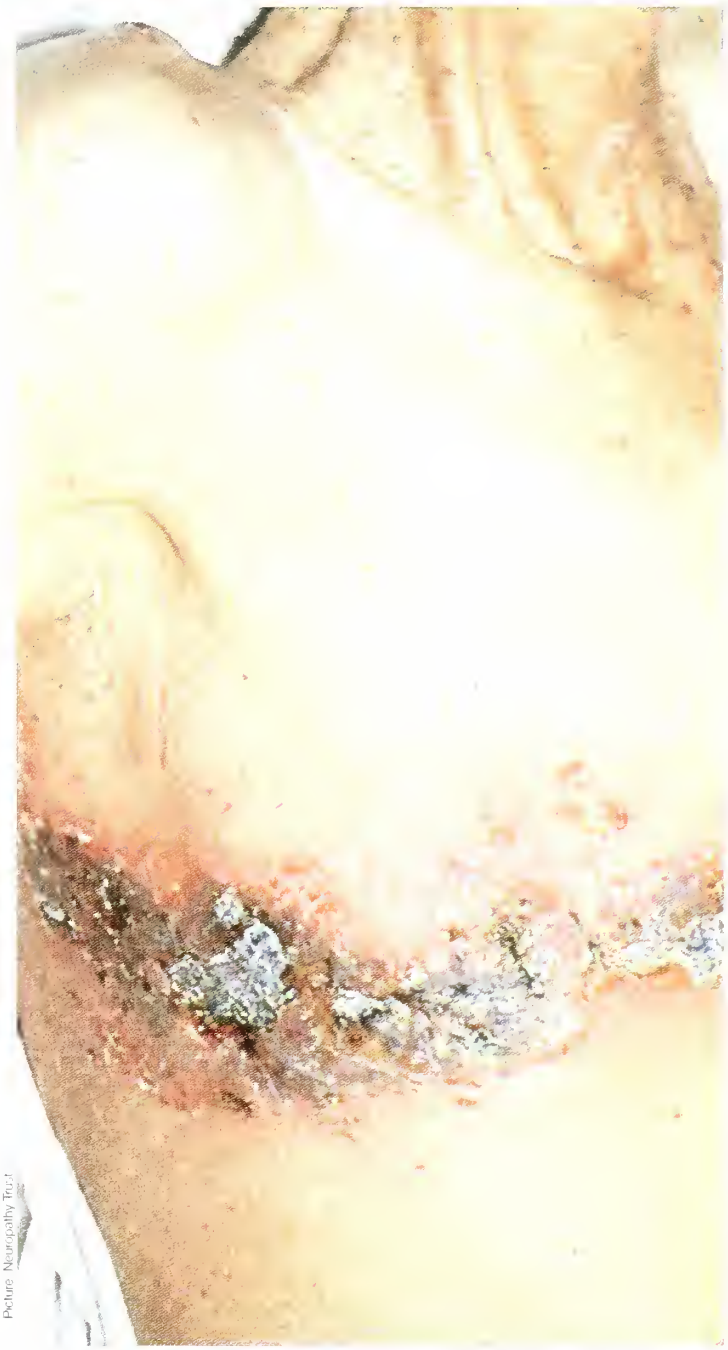
The gate control theory emerged during the 1960s as the main theoretical framework for understanding nociceptive pain. A noxious stimulus – an injection or stubbing a toe – opens "neural gates" that allow the pain signal to reach the brain. Signals from the brain can close the gate, which is one reason placebos can be especially potent in pain and why footballers may not feel a nasty bruise until they reach the locker room.[1]

Essentially, acute nociceptive pain arises when tissue damage, heat or mechanical stimuli activate specific sensory receptors, called nociceptors, on peripheral C fibres. (In some cases, other types of nerve fibre also transmit pain signals.) Meanwhile, inflammation increases levels of prostanoids, bradykinin, cytokines, serotonin and other signals that sensitise and activate C fibres. For example, pro-inflammatory prostaglandins reduce C fibres' activation threshold, thereby sensitising the nerves to the effects of other mediators and stimuli. Indeed, so-called "sleeping" C fibres are dormant and do not respond to painful stimuli until awoken by inflammation.[4]

C fibres have a wide range of receptors, allowing them to respond to this cocktail of stimuli. For example:

- Acid-sensing ion channels respond to protons: inflammation is associated with low pH.[4]
- C fibres seem to possess a unique sodium channel; as mentioned later, sodium channels

Continued on page 24 ▶



Picture: Neuropathy Trust

This patient, who has shingles, developed post-herpetic neuralgia (PHN) after the rash had cleared. PHN and phantom limb pain are thought to be linked to deafferentation

represent a promising target for new analgesics.[3]

- Capsaicin (which makes chilli peppers hot) acts on a channel that seems to generate action potentials after response to heat.[4] Topical capsaicin also induces release of substance P, a transmitter involved in pain. Regular repeated use depletes the nerves' stores of substance P, thereby alleviating pain.[3]

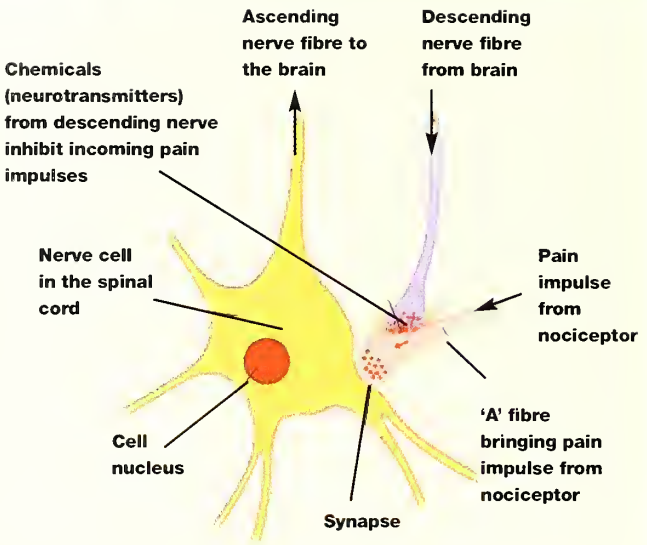
C fibres convey pain signals to the spinal cord, where they converge. These pathways are 'plastic' and can undergo considerable change, which seems to contribute to chronic pain states. These plastic changes in the CNS may amplify the information about noxious stimuli.[5]

The variety of peripheral inputs as well as interneurones and descending pathways release numerous neurotransmitters that modulate the primary pain signal. For example, the excitatory amino acids glutamate and aspartate seem to promote acute and chronic pain. In contrast, endogenous opioids down-regulate pain.[4] So excitatory amino acids open the gate; endogenous opioids close the gate.

Morphine, which acts predominantly through mu opioid receptors, counters pain through several mechanisms. In the spine, for example, opioids acting pre-synaptically reduce the release of neurotransmitters from C fibres. Opioids acting post-synaptically inhibit neurones carrying messages to and within the brain, although this seems to be less important in determining the outcome than the pre-synaptic actions.[4]

Increasingly, pharmacologists are investigating whether specifically targeting peripheral opioid receptors will offer effective analgesics without the abuse potential and other side effects associated with morphine. Critically, however, pain seems to down-regulate the reward and reinforcement pathways linked to addiction. This may be why morphine given for pain relief is less likely to lead to abuse than street use.[3]

Higher centres – such as serotoninergic and noradrenergic pathways in the midbrain and brain stem – can modulate the primary pain signal from the spine. As a result, emotional and cognitive factors can influence the pain experience: an issue we will return to below. Opioids' actions on these higher centres contribute to their analgesic effects. For example, nerves with opioid receptors may help the brain differentiate the pain signal from the other sensory inputs. Opioids may reduce this ability and may directly inhibit the pain pathways.[4]



Picture: Bill Kirkness, ABPI

Understanding pain

Neuropathic pain arises from damage to the nervous system. When disease or injury damages a few nerves, the person can suffer stabbing or shooting neuropathic pains. Damage to several nerves can produce a burning pain. In some cases, neuropathic pain may be continuous.[3] Many people with neuropathic pain suffer from allodynia – in which they perceive heat, cold and touch as pain.[5] The A nerve fibres may contribute to allodynia, which is one reason this symptom can prove so difficult to manage, even using opioids.

Phantom limbs offer the most striking example of neuropathic pain. Breaking the chain of neurons carrying pain signals from peripheral tissues to the brain may result in nerves further up the pathway firing spontaneously. The brain treats the signal as if the peripheral tissue pain receptors fired. This phenomenon, called deafferentation, underlies phantom limb pain and may contribute to diabetic and post-herpetic neuropathy.[3]

More specifically, damage to the nervous system produces numerous cellular, molecular and biochemical changes. For example:

- Neuropathy might produce sustained activation of NMDA (glutamate) receptors.[4]
- A change in sodium channel distribution may increase neuronal excitability and alter the pattern of nerve connections. For example, embryos express the so-called sodium type III sodium channel gene during their development. However, expression of the type III gene also rises in damaged nerves. The changes in the distribution and expression of sodium channels propagate inappropriate action potentials.[4]
- Axonal sprouting, which repairs damaged nerves and restores connections in the spinal cord, can form pathways that maintain chronic pain.[4] So axonal sprouting contributes to the plastic changes mentioned above.
- Neurones express novel receptors for stress hormones.[5] This might help explain the link between stress and chronic pain.

Together these and other changes make neuropathic pain especially difficult to treat using conventional analgesics.[5] Fortunately, a number of new treatments are beginning to emerge.

A post-modern condition

Any drug for pain needs to be delivered as part of patient-centred care. Although a buzzword in many clinical areas, patient-centred care is, perhaps, especially important in pain management. As mentioned above, pain, cognition and emotion are intimately linked. Indeed, patients integrate "experience, knowledge and information" into the pain experience.[1]

In other words, pain is a biocultural construct that encompasses, among other factors, emotion, memory, consciousness and the "meanings" attributed to the pain by the patient.[6]

These differences mean that "people with different cultures experience pain differently; the different meaning in their lives mean that their pain processes work differently". So, in one experiment, Hispanics tended to report more intense pain as well as greater interference with work and daily activity from similar stimuli than Poles, French Canadians and 'Old Americans' (essentially white Anglo-Saxons).[1] The differences arise because of the non-nociceptive, social and cultural factors.

Because of these differences and pain's intensely subjective nature, healthcare professionals need to examine the condition's meaning for each patient and tailor treatment appropriately. Fortunately, a growing number of innovative analgesics allow clinicians to tailor treatment with unprecedented accuracy.

Beyond COX-2

NSAIDs inhibit cyclo-oxygenase enzymes (COX) involved in prostaglandin synthesis. Broadly, COX-1 is continually expressed and controls the production of "housekeeping" prostaglandins that protect the stomach and kidneys. Pharmacologists refer to this as constitutive expression. In contrast, COX-2 is inducible, that is, its activity increases only when stimulated by, for example, inflammatory cytokines. COX-2 generates inflammatory prostaglandins. Because NSAIDs inhibit both COX isozymes, between 15 and 30 per cent of people using these drugs long-term develop gastrointestinal ulcers. In most cases, these heal without causing complications, although NSAID-induced ulcers can herald life-threatening gastro-intestinal bleeding.

As a result, the COX-2 specific inhibitors marked an important analgesic advance. Blocking COX-2 alleviates pain and inflammation, while sparing the gut. However, not every finding fits into this neat model. Paracetamol is not especially active against either COX-1 or COX-2, for instance, although it is an antipyretic and analgesic. This may explain why paracetamol is not a clinically useful anti-inflammatory agent. Furthermore, constitutively expressed, COX-2 plays several other physiological roles, such as maintaining renal fluid balance.

Continued on page 26 ▶

Unlike steroid nasal sprays, Aller-eze works fast.

When it comes to relief from a hayfever attack, your customers can't wait. With Aller-eze they don't have to. Unlike steroid nasal sprays, which take days to build up and reach maximum effect, Aller-eze works fast.
So for a fast, reliable alternative treatment to steroids recommend Aller-eze.

Recommend the No 1 non-steroid nasal spray for hayfever

LLER-EZE® EYE DROPS (Azelastine Hydrochloride)
resentation: Eye drops containing azelastine hydrochloride 0.05% w/v **Indications:** For the treatment of the ymptoms of seasonal and perennial allergic conjunctivitis. **Dosage and administration:** Adults, elderly and hildren over 12: One drop in each eye 2-4 times daily. Not to be used continuously for more than 4 weeks ithout medical advice. Not recommended for children under 12. **Contraindications:** Proven allergy to any of he ingredients. **Precautions:** Not to be used whilst wearing contact lenses. Not intended for treatment of eye nfections, health professional advice should be sought if symptoms worsen or persist for more than 48 hours fter treatment. Use with caution in pregnancy. Not recommended during breast feeding. **Side Effects:** Occasional ild transient eye irritation, less frequently bitter taste. **Legal category:** P. **Trade Price and Suggested Retail rice:** £3.56, £5.99. **Product Licence Number:** PL 00 10/0205. **Date of preparation:** March 2004

ALLER-EZE™ NASAL SPRAY (Azelastine Hydrochloride)
Presentation: Nasal spray containing azelastine hydrochloride 0.1% w/v **Indications:** For the treatment of seasonal allergic rhinitis (e.g. hayfever) and perennial allergic rhinitis. **Dosage and administration:** Adults, elderly and children aged 5 years and over: One application in each nostril twice daily. Not to be used continuously for longer than 4 weeks without medical advice. Not recommended for children under 5. **Contraindications:** Hypersensitivity to azelastine hydrochloride or benzalkonium chloride. **Precautions:** Not to be used to relieve symptoms of upper respiratory tract infections. Use with caution in pregnancy and breast feeding. **Side Effects:** Bitter taste after administration (often due to incorrect method of application) leading in rare cases to nausea. Rarely, symptoms of local irritation such as stinging, itching, epistaxis. **Legal category:** P. **Trade Price and Suggested Retail Price:** £3.56, £5.99. **Product Licence Number:** PL 0030/0201. **Date of preparation:** March 2004

Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB.

This may explain why the NSAIDs and COX-2 specific drugs can undermine renal function.

Further COX isozymes might explain the anomalies. In 2002, researchers isolated COX-3 along with two smaller proteins ('splice variants').[7] All three splice variants derived from COX-1. Paracetamol and several NSAIDs inhibit COX-3, although splice variants of COX-2 may also contribute to paracetamol's action. Indeed, the brain and spinal cord express COX-2, which may contribute to NSAIDs' central analgesic actions.

More fundamentally, splice variants derived from COX-1 and COX-2 seem to yield a continuum of constitutive and inducible enzymes that make overlapping contributions to prostaglandin production. This allows the body to produce finely graded inflammatory responses. Alternative splicing may help explain why some patients benefit from different NSAIDs and why there are differences in disease progression. Further studies are needed, however, to confirm these suggestions.

A growing and compelling body of evidence suggests that NSAIDs may act in part by influencing the endocannabinoid system. Cannabis produces its effects on cognition by binding to CB1 receptors in the CNS. The peripheral terminals on sensory neurons also express CB1 receptors. Furthermore, CB2 receptors seem to modulate inflammation and immune function well as being associated with neuropathic and peripheral pain.[8] Therefore, researchers are assessing synthetic endocannabinoid agonists as new analgesics, with some success.

Some NSAIDs seem to directly or indirectly modulate the endocannabinoid system. Firstly, for example, blocking COX increases the amount of arachidonic acid available for conversion into analgesic endocannabinoids.

Secondly, indometacin reduces production of nitric oxide, which reduces the activity of the endocannabinoid transporter, so endocannabinoid levels rise.

Finally, indometacin inhibits fatty acid amide hydrolase, the enzyme responsible for degrading endocannabinoids. Because of these three actions, indometacin dramatically increases endocannabinoid levels in the spine.[9]

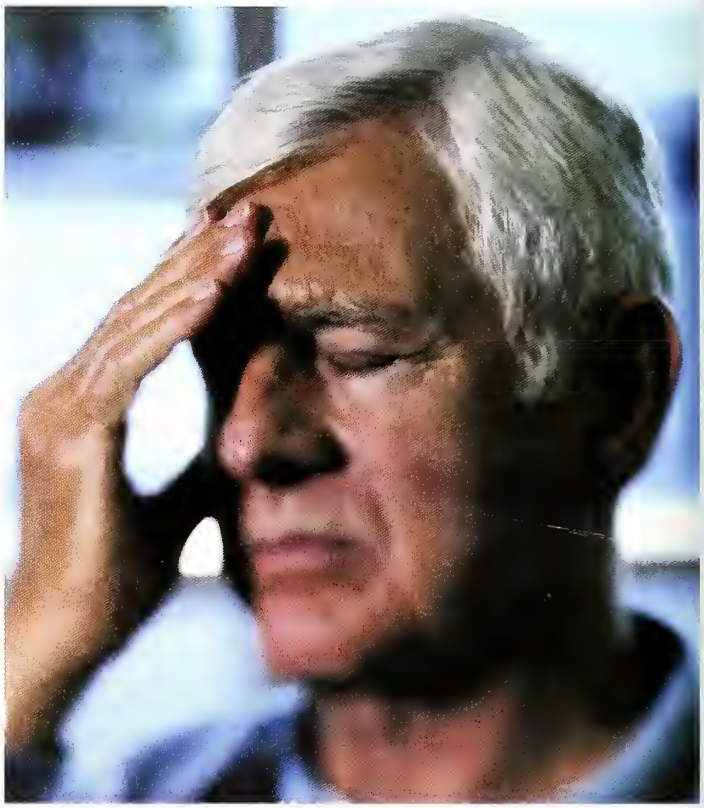
Recent advances in our understanding of pain's molecular biology have yielded several other targets for new generation painkillers. For example:

- In the spinal cord, neuropeptide Y counters pain induced by excessive heat, although it seems to be ineffective against pain induced by mechanical stimuli. This targeted action, combined with neuropeptide Y's distinct role in peripheral and CNS pain mechanisms, suggests that drugs modulating this factor might represent an effective new class of painkiller.[10]
- Sodium channels are emerging as promising targets for neuropathic pain. Local anaesthetics and anti-convulsants bind to sodium channels. Indeed, lamotrigine, mexiletine and tocainide (a local anaesthetic) showed at least some activity in various models of neuropathic pain.[11] Novel agents might produce a more marked and consistent action.
- Nerve growth factor (NGF) may enhance morphine action in neuropathic pain. As mentioned above, plastic changes seem to contribute to some cases of neuropathic pain and NGF transport in the spinal cord and dorsal root ganglion seems to be abnormal.

Intrathecal morphine was ineffective in a rat model of neuropathic pain. After adding intrathecal NGF, morphine reduced hyperalgesia and allodynia.[12] Antagonists of cholecystokinin receptor B also seem to enhance or restore opioid analgesia following nerve damage.[4]

- Glia may offer another tempting target. Microglia and astrocytes regulate the extracellular ionic environment and remove cellular debris. However, recent studies suggest that glia also create and maintain allodynia and hyperalgesia. Glia seem to release a number of substances that excite the neurones that enhance pain transmission when inflammation or tissue damage has activated C fibres. So targeting glial activation may offer a new approach to management.[5]

As these examples suggest – there are several more – a number of new analgesics could reach the market over the next few years. This is especially important for the management of neuropathic pain, which often remains difficult to treat. Hopefully, the greater variety of treatments for pain will mean that many more people will benefit from effective analgesics. In the meantime, pharmacists can help devise local protocols and guidelines that ensure many more people with chronic pain benefit from the current armamentarium.



A number of new analgesics could reach the market soon and many people could benefit

References:

1. Moerman, D. Meaning, Medicine and The 'Placebo' Effect. Cambridge University Press 2002, p100-15.

2. IASP sub-committee on Taxonomy. Pain terms: a list with definitions and notes on usage. Pain 1980; 8: 249-52.

3. Belgrade, MJ. Following the clues to neuropathic pain: distribution and other leads reveal the cause and the treatment approach. Postgrad Med 1999; 106: 127-40.

4. Suzuki, R and Dickenson, AH Nociception: basic principles' from Bruera ED and Portenoy RK. Cancer Pain: Assessment and Management, Cambridge University Press 2003, p3-17.

5. Watkins, LR and Maier, SF. Glia. A novel drug discovery target for clinical pain. Nature Reviews Drug Discovery 2003; 2: 973-85.

6. Morris, DB. Illness and Culture in the Postmodern Age. 1st edition, University of California Press 1998, p107-134.

7. Chandrasekharan, NV, Dai H, Lamar Turepu Roos, K et al. COX-3, a cyclo-oxygenase-1 variant inhibited by acetaminophen and other analgesic/antipyretic drugs: Cloning, structure, and expression Proc Natl Acad Sci USA 2002; 99: 13926-31.

8. Palmer, SL, Thakur, GA and Makriyannis A. Cannabinergic ligands Chem Physic Lipids 2002; 121: 3-19.

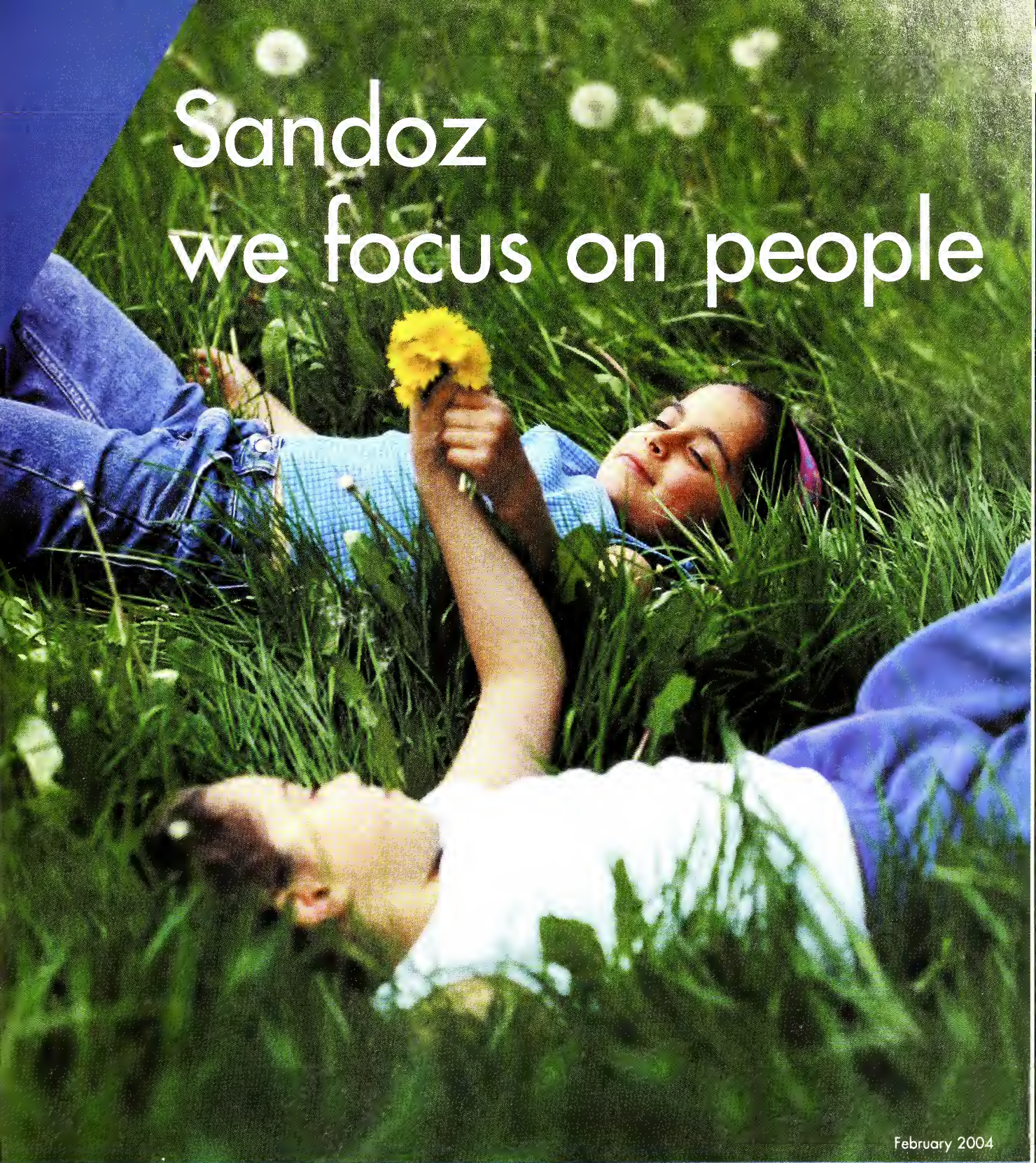
9. Gühring, H, Hamza, M, Sergejeva, M, et al. A role for endocannabinoids in indomethacin-induced spinal antinociception. Eur J Pharmacol 2002; 454: 153-63.

10. Silva, AP, Cavadas, C and Grouzmann, E. Neuropeptide Y and its receptors as potential therapeutic drug targets Clinica Chimica Acta 2002; 326: 3-25.

11. Erichsen, HK, Hao, J-X, Xu, X-J et al. A comparison of the antinociceptive effects of voltage-activated Na+ channel blockers in two rat models of neuropathic pain. Eur J Pharmacol 2003; 458: 275-282.

12. Cahill, CM, Dray, A and Coderre, TJ. Intrathecal nerve growth factor restores opioid effectiveness in an animal model of neuropathic pain. Neuropharmacology 2003; 45: 543-52.

Mark Greener, a former research pharmacologist, now works as a medical writer and bioscience journalist. He is the author of numerous articles and several books on health-related issues.



February 2004

At Sandoz, everything we do is centered around people. Our products help millions of people lead a normal life that would be unthinkable without medication.

We are committed to continuously broadening our product range to provide state - of - the art, affordable products and technologies to our clients.

More than 4000 different pharmaceutical products in more than 120 countries.

www.sandoz.com

Global performance with global responsibility

Sandoz Ltd. 37 Woolmer Way, Bordon, Hants, GU35 9QE. Phone: 01420 478301 Fax: 01420 474427

a Novartis company

SANDOZ

Think Generics

Growth hormone abuse

Use of growth hormone in children of normal height could be considered as abuse, claimed a US paediatrics professor.

In addition, using human growth hormone to slow down the ageing process, for which there is no evidence of its effects in elderly people, is also questionable, claimed Professor Raymond Hintz in the *BMJ*. Use of the hormone in these ways leaves the user open to side effects such as diabetes, carpal tunnel syndrome, hypertension, fluid retention and joint and musele pain, Professor Hintz warned.

In the USA, HGH has eight approved uses compared to five in the UK. The extra indications in the USA are to treat wasting caused by AIDS, poor growth in children small for gestational age and for idiopathic short stature.

For more information:

BMJ 2004; 328: 907-8

Pharmacist vital in preventing e-errors

Computerised prescription software decreases medication errors but fails to cut patient harm from medication error, American researchers have claimed.

Patient safety researeh pharmacist on the trial, Anne Bobb, said: "Because current computerised prescriber order entry (CPOE) systems have limited artificial intelligence, the involvement of the physicians and pharmacists remains critieal to the medication process. Pharmacists understand the complexity of medications and realise how many prescriptions are ehanged or altered on a daily basis before they reach the patient."

The combination of pharmaeist involvement and a CPOE system is the best approach to improving medication safety, the study found.

For more information:

Arch Intern Med 2004; 167: 785-92

Crestor lowers LDL more

Rosuvastatin is more effective than other statins in cutting cholesterol levels in patients with type 2 diabetes, claimed researchers at an atherosclerosis conference.

Crestor (rosuvastatin 10mg) lowered LDL cholesterol by 51 per cent compared with 39 per eent with atorvastatin 10mg, the researchers in the Andromeda trial announced. In addition, 94 per eent of rosuvastatin 10mg patients met the European LDL eholesterol goal of less than 2.5mmol/l compared with 79 per eent of those on atorvastatin 10mg.

Presenting the data at the European Atherosclerois Society Congress in Seville, Professor John Betteridge said: "For the one million patients in the UK diagnosed with type 2 diabetes this study is good news.

"When you consider that 50 per cent of cardiac events are caused by raised eholesterol, lowering LDL cholesterol as low and as effectively as possible in these patients is crucial."

Elderly need statins too

Elderly patients at the highest risk of cardiovascular mortality are the least likely to receive treatment with statins, researchers in the USA have found.

Concerns over treatment complications in patients who have multiple chronic conditions could be one of the reasons that high risk patients do not receive evidence-based therapies, suggested the authors.

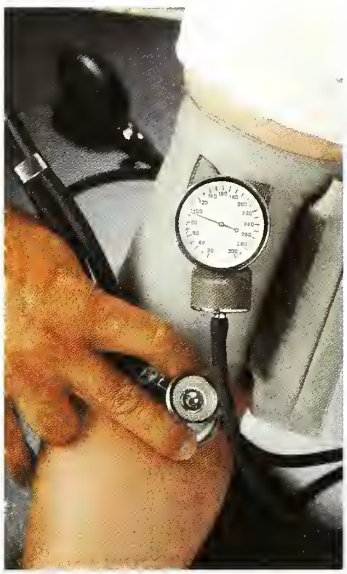
Most of the study participants who were prescribed statins were younger men with a history of angina, acute MI or prior cardiac invasive procedures. Those who were not prescribed statins were more likely to have diabetes, congestive heart failure or stroke.

GPs had not preseribed statins to elderly patients because of concerns over patients' co-morbidities and potential side effeets, the authors concluded.

However, the evidenee showed that statins' benefits were the same in the elderly as in other subgroups, the authors explained.

For more information:

JAMA 2004; 291: 1864-70



Three separate measurements should be taken when seeking to diagnose hypertension

Beware of hypertension in under-35s

Routine blood pressure measurements in adults under 35 are more likely to lead to a misdiagnosis of hypertension, elaims a public health lecturer from Birmingham.

Any deeision to treat hypertension should be based on the mean of three measurements, Dr Tom Marshall from Birmingham University advised.

Positive predictive values for treatment are highest in older patients and lowest in younger age groups, he found. Of 36 men and 19 women aged between 16 and 34 who were categorised as needing treatment, only 11 men and five women were "true positives" and needed medieal intervention, Dr Marshall found.

GPs should diagnose hypertension in adults under 35 with caution, possibly using higher threshold values, Dr Marshall coneluded.

For more information:

BMJ 2004; 328: 933

Scriptlines

Premique Low Dose launched

Premique Low Dose (0.3mg conjugated oestrogens and 1.5mg medroxyprogesterone acetate) was launched this week by Wyeth.

The product is licensed to treat oestrogen deficiency symptoms in post-menopausal women with an intact uterus.

Premique Low Dose is taken orally in a continuous combined 28-day regimen of one tablet daily. Women who are not taking HRT, or are switching from another continuous combined HRT product, can start treatment with Premique Low Dose on any convenient day.

Women switching from a sequential HRT regimen should start treatment with Premique Low Dose on the next day after the last day of the previous regimen.

Price: £29.85

Pack size: 28 tablets x three
Pip code: 304-2249
Wyeth
Tel: 0845 8505544

Confidence Soft and Secure

Salts Healthcare has extended its stoma range to include Confidence Gold Convex Soft and Secure.

The drainable pouch has flexible foam backing, which Salts claims enables "full and virtually unrestricted movement". In addition there are flexible strips for easy drainage and cleaning, and a filter to prevent odour and ballooning.

Confidence Gold Convex Soft and Secure comes in a range of sizes.

For more information:

See *Price List*

Fortisip in tomato flavour

Nutricia Clinical Care will launch Fortisip Multi Fibre tomato flavour from April 26. It can be prescribed on the NHS in England, Scotland and Wales.

NHS Price: £1.64

Pack size: 200ml
Pip code:287-9088
Nutricia Clinical Care
Tel: 01225 768381

A **NEW** brand look for a **NEW** generation

Since 1904, **Scholl**, the number one brand in foot ealth and comfort, has een responsible for key dvances, innovation and vention in footcare. ney have become the cknowledged leaders in eir field.

To mark its Centenary year nd celebrate 100 years of ootcare expertise, **Scholl** is troducing a new generation nge, featuring new erformance products and new brand identity and ack design. This is part of the rand's continuing dedication o providing relevant product olutions which improve eople's health, comfort and well-being rough their feet.

To the pharmacist this means a clearer product ffering, presented in a more relevant and appealing way.

The repackaging will begin in April with Athlete's Foot, resh Step and Odour, Cracked Heel Cream, Corn, Callus and union, Blister and Verruca treatments, continuing in eptember with Insoles and Flight Socks.

The UK's first choice for footcare[1] now offers a fresh look nd fresh appeal for your customers – and a fresh profit pportunity for you!

New Performance Products

The entire **Scholl** product range has been revitalised and refocused with improved on-pack communication of the key product features and benefits.

New Consumer Campaign

This year **Scholl** will be running their biggest ever integrated marketing support campaign, including full colour advertising and major PR coverage in national press and women's magazines.

New POS

Eye-catching POS and customer literature will increase the appeal and understanding of the entire **Scholl** range.

Education and Merchandising Support

Advice to help you effectively manage your footcare category, ensuring easier consumer selection and optimal sales and profit for you.

After 100 years in the business, no one knows more about footcare than **Scholl** – so why not take advantage of their support, and expertise, to help 'step up' your profit potential this year!

For more information, talk to your SSL representative or call our helpline on **0161 654 3000**.

New Brand Identity

otal rejuvenation! With a refreshed logo, new modernised ypeface and a bright new look, the new design will make he **Scholl** range the most distinctive and extensive footcare rand in pharmacy.

New Brand Packaging

xciting new packaging incorporating bright, fresh and ontemporary designs will create a distinct identity, and nhance the brand's on-shelf impact and appeal.

The clear on-pack benefits will make the brand ore accessible and easier to navigate on shelf, hilst simplifying the purchase decision at point f purchase.

100 YEARS Scholl CENTENARY

SSL International, Canute Court, Knutsford, Cheshire, WA16 0NL

Scholl and the Scholl logo are registered Trade Marks of the SSL group

[1] *IRI December 2003*

Natural spray gets up your nose

Dendron is the new UK distributor for a natural nasal spray designed to help prevent hay fever.

Nasaleze is formulated to work with the body's own defence mechanisms by strengthening resistance to airborne allergens such as pollen, animal dander and dust mites.

The spray contains natural inert cellulose powder and includes no medication or active ingredients.

When sprayed into a nostril, the product makes contact with the moisture in the nasal tract and turns into a thin gel which mimics natural mucus.

Research by the Herbal Health Centre showed that Nasaleze started to control hay fever symptoms in between three and 10 seconds. The spray is presented in a plastic bottle dispenser.

Price: £6.95

Pack size: 500mg
Pip code: 082-6214
Dendron Ltd
Tel: 01923 229251

Bear necessities for kids

BR Pharmaceuticals is relaunching its Valupak range of children's supplements to make them more appealing to youngsters.

Teddy bear shaped tablets in different flavours are being introduced for the children's vitamin A, C and D tablets, echinacea tablets and omega 3 fish oil liquid.

New packaging features brighter colours and graphics to distinguish the products from adult supplements.

The vitamins have a blackcurrant flavour, echinacea comes in lemon and lime flavours and omega 3 fish oil has an orange flavour.

Price: vitamins and echinacea £0.99 (30), omega 3 fish oil £2.99 (150ml)

The Miles Group
Tel: 01484 536344

All change for Aquafresh

Aquafresh Multi Action + Whitening toothpaste is being relaunched with an improved formulation. GSK claims that the toothpaste's new formula gets teeth whiter, faster and keeps them whiter.

The packaging has been redesigned to provide clearer communication of the product's key benefits. The 'fresher, whiter, faster' claim features prominently on the front of the pack.

It has also been updated to align Aquafresh Multi Action + Whitening more closely to its parent brand.

The changes will be phased in starting with 100ml and 50ml tubes at the end of April to be followed by the 100ml pump later this year.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Clinomyn oralcare has a fresh focus

DeWitt is introducing a fresh look for the Clinomyn oralcare range to effectively communicate the product benefits.

Eye-catching packaging is designed to encourage trial of Advanced Clean & Polish Toothpaste and Smokers Toothpaste.

Clinomyn Smokers Toothpaste is formulated to remove nicotine and tobacco stains, restoring the natural whiteness of teeth.

The recently reformulated Clinomyn Advanced Clean & Polish Toothpaste contains a triple cleansing system and combines a deep cleansing paste and polish to make teeth feel smooth and clean.

The brand will be supported by a marketing campaign including targeted sampling and direct marketing during 2004.

For more information:

E C De Witt & Co Ltd
Tel: 01928 579029

Inbrief

Go with the flow feeding system

Dr Brown's Natural Flow Feeding System for babies (*C&D, March 27, p 30*) will be supported by a £250,000 advertising campaign in parenting magazines starting this month and running until January 2005.

For more information:

Action Trading Ltd
Tel: 01923 857760

RECOMMEND THE NO.1 NON-STEROIDAL NASAL SPRAY FOR HAYFEVER

Aller-eze®

Aller-eze nasal spray and eye drops azelastine hydrochloride P
For further info contact Novartis Consumer Health, Horsham, RH12 5AB

A peak performing nose can tell the difference between 4,000 -10,000 smells

Make sure your customers use Aller-eze Spray to help reduce their runny nose in a matter of minutes

TENA PANTS

ARE YOU STOCKING THE BRAND LEADER?

TENA accounts for two-thirds of UK retail sales of incontinence products[1]

TENA *Pants* products dominate their market sector

Sales of TENA *Pants* Discreet have grown by 165% year on year[2]

The UK pharmacy market potential for moderate/heavy products is 50% bigger than for pads[3]

The UK's ageing population means exceptional growth potential for TENA *Pants*.

[1] Source: IRI 4 w/e 1 Nov 2003 Pharmacy Vol Share
[2] Source: IRI 52 w/e 30 Nov 2002 and 29 Nov 2003 Value
[3] Source: SCA market potential calculations 2003

GREATER SECURITY FOR YOUR CUSTOMERS, GREATER SALES POTENTIAL FOR YOU.

TENA *Pants* Discreet TENA *Pants* Plus

TENA®

For your **free** TENA sample bag containing all 70 TENA products, please contact the **TENA Pharmacy Helpline** on **0870 333 0874** quoting: C&D0404.

FREE SAMPLE BAG

Please note that the increasing number of requests for samples means that it is now necessary to limit them to one per pharmacy each year. TENA is a registered trademark of SCA Hygiene Products UK Ltd

www.tena.co.uk

Frontshop

Magical pictures in a flash

Kodak will introduce a fun Harry Potter Single-Use Camera for children in May.

The camera comes with a special effects filter which, when attached, creates kaleidoscope effect photos.

It also features a one-touch flash which is easy for small hands to operate.

The launch is timed to coincide with the cinema release of *Harry Potter and the Prisoner of Azkaban* – the third blockbuster in the Harry Potter series.

Point of sale material will include floor, counter and hanging merchandisers.

The camera will only be available until Christmas 2004 when the DVD and video will be released.

Price: £8.99

Kodak Ltd
Tel: 01442 261122

Mosi-guard targets women

Mosi-guard Natural insect repellent will be backed by its first ever consumer advertising campaign this summer.

Targeted at women, the campaign will appear in women's magazines during June and July.

The advertising features the message 'Naturally better than the alternative' to highlight the efficacy of the product's natural ingredient, citriodiol.

The repellent is formulated to provide protection against most biting insects, ticks and leeches for up to 10 hours.

The campaign will be reinforced with point of sale material including counter displays and consumer leaflets. Training information for pharmacists is also available.

For more information:

Mosi-guard International Ltd
Tel: 0113 238 7502

Simple skincare for babies

Accantia Health & Beauty is maximising on the Simple brand's heritage in sensitive skincare to launch a range of products specifically for babies.

Simple Baby is a 100 per cent perfume-free and colour-free range comprising eight hypoallergenic skincare products.

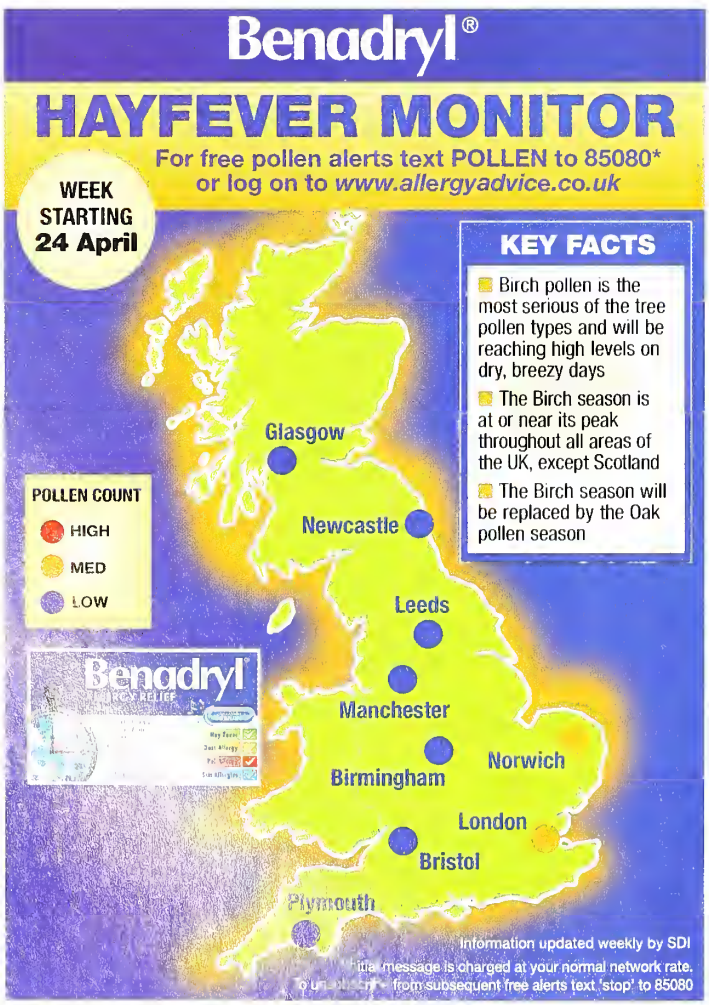
Primarily targeted at first-time mothers aged 25-44, the range is designed to reassure parents that they are buying safe, gentle, kind and effective baby products.

These include moisturising soft wipes, oil, all-in-one wash, shampoo and bath, plus soothing lotion and pure talc.

The launch will be supported by a £0.8 million marketing campaign including advertising and sampling.

Price: from £2.69 for baby wipes (64) to £3.99 for moisturising oil gel (250ml)

Accantia Health & Beauty Ltd
Tel: 0121 327 4750



TV next week

Anadin Ultra: GTV, STV, B, G, Y, C, A, M, TT, C4

Full Marks: All areas

Huggies: All areas

Lucozade Sport: All areas except U, CTV, C4, five, GMTV

Nivea Body Night renewal Crème: All areas

Nivea Hand Night Renewal Crème: All areas

Poise: All areas except GMTV, CTV

Ribena: All areas except U, C4, GMTV

Simple Oil Control: five

Syndol: All areas

PharmaSite for next week: Care Hayfever range – window, **Care Hayfever range** – in-store, **Canesten-Hydrocortisone** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, Five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

SOLVE CASES FAST WITH BENADRYL®

astine

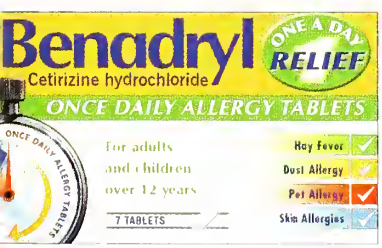
CASE #1

For a high-speed solution Benadryl Allergy Relief is active in just 15 minutes: no other non-drowsy* allergy 'tablet' works as fast.

vastine & Pseudoephedrine

CASE #2

When a blocked nose is involved Benadryl Plus is the only non-drowsy* allergy relief with added decongestant.



rizine Hydrochloride

CASE #3

Benadryl One a Day Relief: Just one tablet for non-drowsy* relief all day.

Cetirizine hydrochloride

CASE #4

For kids aged 2+, Benadryl Allergy Oral Solution is the number one† OTC non-drowsy* children's allergy syrup. Available in great tasting banana flavour.

WHEN WE SAY IT'S FAST, WE MEAN IT'S FAST

Consumer Healthcare

www.allergyadvice.co.uk **For Pollen Alerts text: Pollen to 85080****

astine/Cetirizine, at the recommended dose, do not cause drowsiness. However, some cases of drowsiness have been reported. **Initial message costs up to 10p plus VAT. To unsubscribe from subsequent free alerts text 'stop' to 0. †Information resources, A11 IRI HBA outlets Unit and Value sales, 52 w/e 21 Feb 2004

AORYL ALLERGY RELIEF PRODUCT INFORMATIDN: Presentation: Acrivastine 8 mg **Uses:** Allergic rhinitis. **Oosage:** Adults and children aged 12 – 65 years. One capsule up to three times a day **Contraindications:** Hypersensitivity nrivastine or triprolidine. Significant renal impairment **Precautions:** Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. **Pregnancy & lactation**: Not recommended. **effects**: Rarely drowsiness **RRP (ex-VAT)**: 12s, £4 35 (£3.70); 24s £7.55 (£6.43) **Legal category**: P **PL holder:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZO **PL number**: 15513/0035 **Date of aration:** July 2003 **BENADRYL PLUS CAPSULES PRODUCT INFORMATION: Presentation**: Acrivastine 8mg and pseudoephedrine 60mg. **Uses:** Allergic rhinitis. **Oosage:** Adults and children 12 – 65 years: One capsule as necessary, three times a day **Contraindications**: Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease; those who have taken MAOIs in the preceding 14 days. **autions:** Oiabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. Patients taking sympathommetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants be enhanced. Advise not to undertake tasks requiring mental alertness **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely skin rash, drowsiness, urinary retention or CNS excitement **RRP (ex-VAT)**: 12s £4 99 (£4 25), £8.99 (£7.65) **Legal category:** P **PL holder:** Pfizer Consumer Healthcare, Eastleigh, Hampshire SO53 3ZO. **PL number**: 15513/0017 **Date of preparation:** July 2003 **BENADRYL ONE A DAY & BENADRYL ONE A DAY RELIEF DUCT INFORMATIDN: Presentation**: Cetirizine 10mg. **Uses:** Symptomatic treatment of rhinitis and urticaria **Oosage:** Benadryl One A Oay, Adults and children 6 years and over: One tablet daily. Benadryl One A Oay Relief, Adults and ren aged 12 years and over: One tablet daily **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions:** As with other antihistamines avoid excessive alcohol consumption **Pregnancy & lactation:** Not recommended. **effects**: Occasionally headache, dizziness, drowsiness, agitation, dry mouth or gastrointestinal discomfort **RRP (ex-VAT):** Benadryl One A Oay, 14 £7 95 (£6 77), Benadryl One A Oay Relief, 7 £4 45 (£3 79) **Legal category**: Benadryl A Oay, P Benadryl One A Oay Relief, GSL **PL holder**: UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire WD18 0UH **PL number:** 08972/0032. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, eigh, Hampshire SO53 3ZO **Date of preparation:** July 2003. **BENADRYL ALLERGY ORAL SOLUTION PRODUCT INFORMATION: Presentation:** Solution containing 1mg/ml Cetirizine hydrochloride **Uses:** Seasonal allergic rhinitis, nnial rhinitis and chronic idiopathic urticaria **Dosage:** Adults and children 12 years and above: 10ml once daily, Children 6 – 11 years: 10ml once daily or 5ml twice daily, Seasonal allergic rhinitis only. Children 2 – 5 years: 5ml once or 2.5ml twice daily **Contraindications:** Hypersensitivity to any of the ingredients. Oo not use in pregnancy or lactation **Precautions:** Reduce dose by half in cases of renal insufficiency. Avoid excessive alcohol consumption **& adverse effects**: Occasionally drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely convulsions **Price (ex-VAT):** £4 99 (£4 25) **Legal category**: P **PL holder**: UCB Pharma Limited, eorge Street, Watford, Hertfordshire WO18 0UH **PL number.** 08972/0033. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZO. **Date of revision**: January 2003

C&D asked the 15 candidates standing for election to the RPSGB's Council a series of questions to find out their views on the key issues affecting pharmacy. Each candidate was then asked to answer *up to three* of the questions in more detail. Here are their responses...

	Ashwin Tanna *	Andrea Robinson *	Graham Phi	John
1. Does the new Charter promote the interests of members as effectively as the existing Charter?	✗	✓	✗	✗
2. Does the proposed Charter fully address the concerns raised by members at last year's special general meeting?	✗	–	✗	✗
3. Should the RPSGB offer membership to non-pharmacists?	✗	✗	✗	✗
4. Should the Society's regulatory and professional roles be carried out by two separate Councils?	✓	✗	✓	✓
5. Should non-pharmacist Council members have a say in the Society's professional representation role?	✗	✓	✗	✗
6. Do you think the RPSGB's assets are adequately protected for future pharmacist generations?	✗	✓	✗	✗
7. Should pharmacy technicians be regulated by the RPSGB or by the Health Professions Council?	H	R	R	R
8. Who do you think is leading policy decisions at Lambeth? Council or Directorates?	C	C	D	D
9. Should the RPSGB's Scottish and Welsh departments be given more autonomy?	✗	✓	✓	✓
10. Does the RPSGB need a more effective media presence for members?	✓	✓	✓	✓
11. Should the Society have a more public voice in the new pharmacy contract?	✓	✗	✓	✓
12. Should the RPSGB speak out more on funding issues for pharmacy?	✓	✗	✓	✓
13. Is the retention fee too high?	✗	✗	✗	✓

Fifteen to **SEVEN**

Ashwin Tanna

1 The new Charter currently with the Privy Council does not promote the interests of the members effeetively sinee the Council sidestepped the democratic obligation, which is required under the old Charter to hold an SGM where 75 per eent of those members present plus 75 per eent of the majority in the Council are needed before going ahead. There are a number of unacceptable clauses:

New membership eategories for non-pharmacists have been introduced.

To pass the asset of the Society to another body in the event that the Soeiety is dissolved.

Removal of the need to seek Privy Council approval for all byelaw changes.

2 The proposed new Charter does not address the issue raised at last year's SGM. The Counеil later aeknowledged this, saying it would take fully into account these issues when considering the new Charter. Object (3) has been rephrased as 'To support the professional interest of pharmacists', and the Charter does not define the word 'profession'.

7 Pharmacy technicians are going to be regulated by the Soeiety and will have two places on the Council. It will be difficult to represent the interests of pharmacists and pharmacy technicians when their interest may conflict from time to time.

Andrea Robinson

1 The new Charter will be more effective than the existing Charter in promoting the interests of members. It demonstrates that we are a modern and forward-looking organisation, that we reeognise our responsibility to the public and we have confidenee in our knowledge and skills. No matter how glorious our past, we must look to the future and the new Charter provides us with a strong platform to develop in the 21st century. It covers new themes ineluding the power to promote public understanding of pharmacy.

2 Good leadership means making an informed deeision. Every member had ample opportunity to comment on the new Charter, including more than 99 per cent who could not attend the SGM. The Council considered members' concerns and made a deeision based on all the facts. It was not possible to please all the members but that is democracy.

5 Some members are concerned that lay members may sabotage the interests of the profession. I do not agree. Those of us who have experienced lay people in Trusts or health bodies know that in reality they bring a refreshing perspective and often end up being more effective champions for the profession than the professionals themselves.

* Current Council members

Howe *	Maurice Hickey	Sally Greensmith *	Gordon Geddes	Davan Eustace	Wally Dove *	Sid Dajani *	Peter Curphey	Andrew Burr *	Shiv Bagga	Hassan Argomandikhah
✗			✗		✗			✗	✗
✗		✗	✗	✗	✗	✗	✗	✗	✗
✗	✗	✗	✗	✗	✗	✗	–	✗	✗
	✗	✗	✗			✗	✗		
✗			✗	✗				✗	✗
✗			✗		✗			✗	✗
H	R	R	R	H	R	R	R	H	R
D	C	D	D	D	D	C	C	C	D
	–								
	✗	✗				✗			
	✗	✗							
✗	✗		✗	✗		✗	✗	✗	–

R = RPSGB

H = Health Professions Council

C = Council

D = Directorates

John Jolley

am one of the seven Save Our Society candidates anding at this Council election. I believe that the embership alone has the right to determine the future the profession, and object to the Council's disregard of e wishes of the membership.

There are now fewer opportunities for members to ake their views heard: special interest groups are no nger consulted; local branches are closing; and onstraints are being placed on the pharmaceutical press.

The RPSGB should take a proactive role in promoting portunities for members such as: medicines anagement; pharmacist prescribing; and the new ntract. And defend issues on: NHS remuneration; rofessional standards (eg *Which?* report); and the OFT.

The Society should modernise but only with democratic acceptance of the membership in accordance with the existing Charter. We must preserve the significant assets of the ociety for the benefit of the members. The SOS campaign made great progress last year. his year we need all seven SOS candidates to be elected to give us the balance of power – lease use your seven votes to help us.

Now is the time and our last chance to Save Our Society.

Helen Howe

The RPSGB should regulate pharmacy technicians. he Government has accepted this proposition and plans consult technicians regarding their wishes this summer. eeping the pharmacy team together makes political ense. Their professional leadership will come from their wn association. The Pharmacy Sector Committee, an ndependent body, deals with designing and accrediting VQs. The Society will register qualified staff and then eal with competence and fitness to practice issues. They ill have the benefit of understanding the relationships in he pharmacy workforce as a whole.

2 The RPSGB represents pharmacists at a policy-aking level. It has no role in remuneration negotiations r in the financial position of pharmacists. It is a body to rotect the public interest above all else. It is essential our rofessional representation is successful and our work in this area needs increased focus.

If the old Charter is not changed it will become irrelevant as the Government legislates ensure the RPSGB addresses regulation as required. The Charter is our opportunity to nshrine increased professional representation and it is essential we do not lose it.

Graham Phillips

I am one of seven SOS candidates at this election.

The proposed Charter would:

emasculate the Society's representative functions

end promoting members' interests

allow new categories of membership, including non-pharmacists

decimate members' influence

reposition our £100m assets for 'regulation' in place of 'representation'

reduce the Society to a government 'quango' regulator.

Lambeth claims there is no alternative. I say they have not even tried. Future opportunities are bright: pharmacist prescribing; medicines management; new contract; key public health role. Threats are grave: NHS remuneration; generics; OFT.

Compare our progress with doctors and nurses. Compare their representation with ours. We need representation now more than ever. A small clique at Lambeth ignored members' views: consultation is meaningless unless acted upon. SOS candidates guarantee to restore your rights. This election is the Charter referendum Lambeth refused.

The SOS campaign made great progress last year. This year we need all seven SOS candidates to be elected to give us the balance of power – please use your seven votes to help us. Now is the time, and our last chance, to Save Our Society.

Maurice Hickey

I am one of seven SOS candidates standing at this Council election.

This is the most important vote in the Society's history, the last democratic opportunity to stop our Society becoming a government quango; a body that cannot uphold the interests of pharmacists, a body that could follow an agenda to destroy our profession.

This really is a referendum and you should use your vote. Vote for the Council preferred candidates and vote to lose your representation, to destroy everything that generations of pharmacists have built up over two centuries, to lose your future.

Alternatively a vote for each of the seven SOS candidates is a vote to strengthen your representation, to reform your Society and make it fit for the 21st century, to uphold the interests of pharmacists at a time of considerable threat and change, to ensure that we as pharmacists have a future, to ensure that any threat to our future becomes our opportunity.

Last year members voted repeatedly against their Society being handed over to the Government; this is the last vote, the important one, please vote for SOS candidates. Now is the last chance to Save Our Society.

Sally Greensmith

1&2 Council agreed the new Charter after full consultation, with the concerns of members taken very seriously and debated in a transparent and proper way. It was written so that the law in the Section 60 order would follow the Charter, strengthening our professional leadership and developmental role and affording us the professional autonomy we have always enjoyed. Without the new Charter, the Section 60 order will govern many of the issues in the Charter, which will then be out of the control of the Society.

7 The Council, with full agreement from the Association of Pharmacy Technicians, has already decided to move ahead with technician registration. A member of staff is in post and much work has already been done. The Society should be the registration body to ensure that we have the correct skill mix for pharmacy and that standards for technicians are synonymous with those of pharmacists.

10 The PR team at the Society do an excellent job promoting our profession. The recent move by the pharmaceutical press toward a more balanced approach is very welcome.

There is still work to be done in improving the communication links with members in all branches of the profession.

Davan Eustace

I am one of the seven SOS candidates standing at this Council election. We believe that the majority of present Council has betrayed the membership.

The membership alone has the right to determine the future of the profession. The RPSGB must continue to promote the interests of members, as unanimously agreed at the SGM.

We need proper representation and strong leadership to move the profession forward, promoting the value of the pharmacist at every opportunity. Otherwise we lose any opportunity to become fully integrated into the NHS.

Apathy will lead to loss of worth, loss of assets and loss of our future.

Now we must stand up for what we believe in – for too long we have been passive and placid.

Modernisation is essential, but only with democratic acceptance of the membership - in accordance with the existing Charter.

Your future is in your hands – this election is the referendum that Lambeth refused.

The SOS campaign made great progress last year. This year we need all seven SOS candidates to be elected to give us the balance of power – please use your seven votes to help us.

Now is the time – our last chance to Save Our Society.

Gordon Geddes

1&2 The proposed new Charter has been through a painful gestation process. In my view too much attention has been paid to its wording in the legal sense whereas the emphasis should be on the spirit and application of the Charter. Supporters of the SOS campaign will never be satisfied with the response of Council to their criticisms. The issuing of writs against some members of Council illustrates the extreme measures to which some SOS supporters will go. Escalation of this nature makes reconciliation of differences all the harder and undermines the concept of cabinet responsibility.

6 Just as it is false economy for Branches to amass large bank balances the RPSGB should put its assets to good use now as an investment for the future whilst keeping a reser for contingencies. In this connection it was reassuring to learn from the director o finance at a recent meeting of Bran and Regional Secretaries that in future the Society will be payi less income tax.

11&12 The role of the RPSGB in relation to pharmacy funding, whether community or hospital, is that of supporting the lead organisations such as PSNC or the Guild Healthcare Pharmacists.

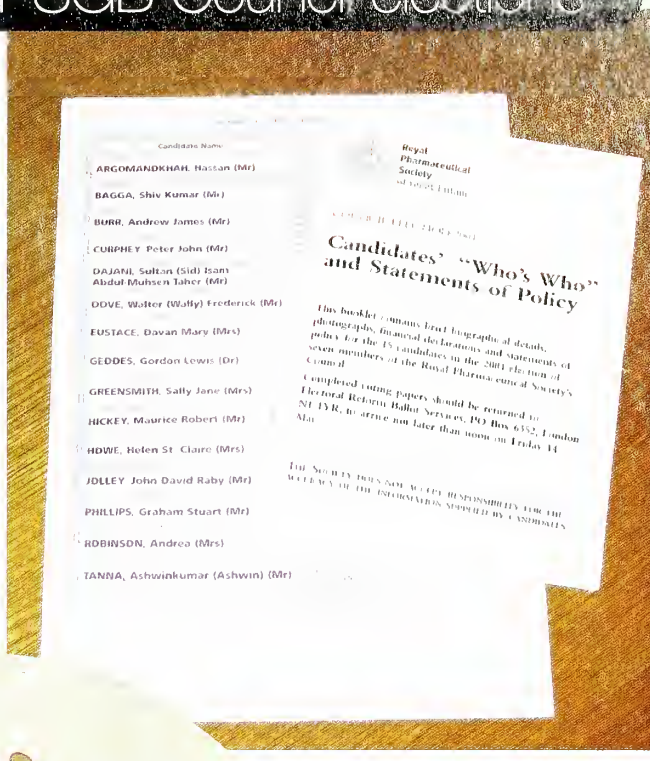
Wally Dove

As past chairman of PSNC I feel strongly that the RPSGB should work more closely with PSNC to ensure that the necessary professional framework is in place to facilitate the introduction of the important new pharmacy contract. At the moment the two bodies rarely talk and are often pulling in opposite directions. The Society should also speak out in support of PSNC to ensure that pharmacy has a single powerful voice so that government finds it more difficult to divide and rule.

Policy decisions should be led by Council and in particular the officers need to be stronger and more resolute to be able to give proper direction to the profession.

The proposed new Charter provides a way forward to allow the profession to continue to grow and prosper in what is a very different, more accountable environment than we have ever faced before.

I believe that those of us that supported this outcome acted in the best interests of the profession as a whole, notwithstanding that I now find myself in an invidious position facing personal litigation. This does not give me the freedom to say what I would want to.



Sid Dajani

Lay support is formidable. They ave outside experiences that could ontribute constructively to our rofession, influence stakeholders and ncrease our insight. However, we ould not be represented by any more oting lay influence as the intricacies of ur profession are hard to understand ithout practical experience. But I ould prefer more lay input from a pecialist group.

Nothing to protect if the Society ucceeds. Its strategy to become a uango really ought to be set to music y a vicar with a pair of sandals and a uitar. Matters are not that simple as we have continually seen, most ecently by the loss of self-regulation. We need to protect all members' ssets for matters of representation, defence, influence, delivery, ustainability and the future of the profession. We cannot ompromise the irreducible essence of our profession ay further and SOS aims to stop that.

1 Funding clinical governance, standards, risk anagement and delivered outcomes are ithin the new pharmacy contract which re all remits of the Society and funding is so inextricably tied. So there is no ound reason why the Society, as the nly statutory professional body, ould not already be involved if it asn't so institutionalised to almost eus-like aloofishness.

Peter Curphey

I still trust the Council. More importantly I trust the staff. It ould be easy to think that the tail is wagging the dog if some Council embers fail to effectively scrutinise the alternatives and favoured ptions offered to them as a result of a specific request. The buck stops ith the Council.

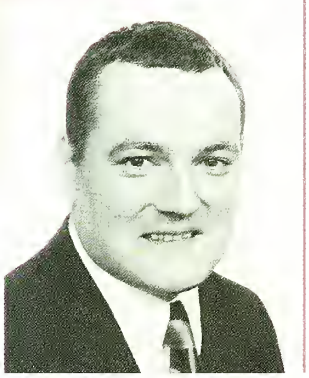
&4 The concerns raised at the SGM are undeliverable so of course e Council must fail that test.

However, it is not possible for there to be two 'supreme authorities', oth ultimately responsible for the profession and its regulation. That as been made crystal clear by our political masters and accepted by all her professions.

If, however, the Council had communicated better a proposal myself nd others made to create a professional forum at the heart of the ociety which would exist to inform the new profession-led Council, en much of the acrimony could have been avoided.

1&12 While the RPSGB should not get involved in contractual atters, I believe it is in pharmacists' best interests for negotiators to be en to be promoting the professional agenda, and I am certain that rivate and public two-way commitment to a joint approach would be to ur benefit.

Andrew Burr



5 Pharmacists do not have all the answers and non-pharmacist Council members become tremendous ambassadors for the profession and generally, in my experience, influence government more. Whatever the input, the majority of the Council will always be pharmacists. Remember the chief executive of PSNC is a non-pharmacist.

7 Would you really want to have technicians regulated by the Health Professions Council whose members will seek prescribing rights and further expansion of their roles that may compete with those of pharmacists? Technicians play a vital role within the pharmaceutical service and augment, not replace, the role of the pharmacist. For the RPSGB not to regulate technicians would be political and professional suicide. There may be the odd Kamikaze in the election but I am not one of them.

11 When you are relying on PSNC to negotiate a good deal for community pharmacy, we need all the help we can get. As the regulator and professional body for pharmacists, the Society can assist and support PSNC, as well as help ensure government hears the right message. Scotland has a much better way of working and our Scottish colleagues should consider offering coaching lessons to Lambeth and PSNC.

Shiv Bagga

I am one of the seven SOS candidates standing at this election.

What sort of professional body will we accept? One that represents us properly. Recently this has been sadly lacking; we need a change now otherwise we may have no profession at all. I want to be part of a profession that has status, not one that is continually ignored. I want the Society to stand firm against powerful external pressures for the benefit of profession and public alike.

I want a Council that respects my wishes as a member and follows due democratic processes. I want to be part of a profession that supports and develops quality services from its members. I am proud to be a pharmacist; I want to command respect from fellow professionals.

Make this happen – stand up and fight for your democratic rights now. This election is the Charter referendum Lambeth refused.

The SOS campaign made great progress last year. This year we need all seven SOS candidates to be elected to give us the balance of power – please use your seven votes to help us.

Now is the time, and our last chance, to Save Our Society.

Hassan Argomandkhah

Trust, or rather lack of it, in Council and Lambeth is the real issue for this election.

Since the start of modernisation the membership has been kept in the dark by being fed half truths, not trusting them with their own conclusions. The shabby treatment of members, implying their incapability to make their own decisions, was plainly obvious when flatly refusing us a referendum.

Therefore petitioning for a new Charter has become a waste of time and money through one-sided consultations and roadshows full of spin, when following the existing processes would have produced the outcome capable of serving the memberships' needs.

If selling us a Charter with no mention of representation was not bad enough at first, the mention of representation in the final Charter is nothing more than a token. Don't let them get away with it.

My record over the years has demonstrated that I stay true to my principles and will fight for them at every opportunity. I hope you can put your trust in me by electing me to the Council.

Vote for me and the other six SOS candidates, and put trust back into pharmacy politics.

Only then can we make the representation pharmacy deserves to move up the healthcare agenda in the UK.

Pharmacists HELPING Pharmacists

Rest, Relax & Recover
at Birdsgrove House
- 01335 342144

Stressed? Anxious?
then call a *Listening Friend*
- 020 7572 2442

For help from the Benevolent fund for members, former members, widow/ers.
- 01323 890135 or
01926 315994

Hope House is a treatment unit based at Birdsgrove House, solely for the treatment of health professionals with alcohol/drug related problems.
- 01926 315138 or
01335 342144 for details

Worried about your relationships with alcohol and/or drugs or someone else?
Then call the Health Support Programme on
01926 315138

All calls are Confidential. Services for members, supported and funded by the RPSGB Benevolent Fund.

Betting on success

The Jardin d'Hiver in the Hôtel Hermitage was designed by Gustave Eiffel of Paris landmark fame and was the daily assembly point for delegates

Delegates at the AAH Convention in Monaco this week heard how pharmacy can strengthen its position in a changing health arena. Charles Gladwin reports

Steven Williams

October start for new contract not set in stone

Although talks on the remuneration package of the new pharmacy contract are progressing constructively, there may yet be further delay in the contract implementation, Steve Williams has warned.

As chairman of the PSNC contract planning committee, Mr Williams told delegates that with "an enormous amount of work" still to be done, he was hopeful but could not guarantee that the contract would be in place by October. The timetable is tight as negotiations will have to be at a point which allows contractors to vote on whether to accept the package before the implementation can be started. Depending on how the talks progress, the contract would have to be put to a vote by the early summer for an October implementation.

While Mr Williams said "we are on track to do that", there still seem to be areas of disagreement between PSNC and the Department of Health over remuneration. A key sticking point seems to be the Government's reluctance to include minor ailment schemes in the essential tier of the contract. These are becoming increasingly popular around the country, especially with the changes to GPs' out-of-hours service provision, argued Mr Williams. "We feel very strongly that these should be a nationally agreed service within the essential category. But at the moment the Government is refusing point blank to do so."

Among other areas of concern are that the Department has stated that it intends the new contract will reward quality not volume, said Mr Williams. "We would say it should reward quality *and* volume ... supply is the core function of community pharmacists; we must build round that."

PSNC is also negotiating to make sure the national contract will fully fund the NHS pharmacy service. "It should not depend on locally agreed funding ... we should have our costs returned plus a fair return on the investment in the services. There should be no dependence on locally commissioned services." Nor should there be any cross-subsidy between service levels, and new services should be fully costed to ensure they will not need cross-subsidising. In addition, he said: "PCTs should not be able to put additional requirements on essential and additional services."

A joint inquiry last June into the costs incurred in providing services under the current contract has now been agreed by PSNC and the DoH and is informing the current negotiations. PSNC has also commissioned "at some considerable expense" the help of a financial institution to develop a fair return model which can be applied to the services supplied under the new contract. One aspect of 'fair return' is that remuneration must acknowledge some of the risk that pharmacies have to make as small businesses.

Mandeep Mudhar

New look to Vantage offer from May

AAH is relaunching aspects of its Vantage offering from the beginning of May.

Rather than being required to subscribe to the full Vantage package, customers will be able to sign up to certain aspects of the business support programme. There will be three core elements: Vantage Products, Vantage Merchandising and Vantage True Blue which will replace Vantage Refresh.

The True Blue package will require pharmacists to fully comply with the Vantage branding and meet certain premises and professional standards such as incorporating a consultation area. Vantage Products and

Continued on page 40

"The Vantage brand is changing very radically. There will be support specific to the new contract"

Mandeep Mudhar

Vantage Healthwatch will have new professional services. Launched two years ago, Vantage Healthwatch offers support in 10 services, but there will also be professional and competencies development for pharmacy staff. Vantage has just launched its accredited technician training programme, and is about to launch a special operating procedures (SOPs) service.

"Our aim is to make Vantage totally indispensable," Mandeep Mudhar, AAH Pharmaceuticals' director of marketing, told delegates. "The Vantage brand is changing very radically. There will be support specific to the new contract." This will include professional and clinical competencies, retail developments, stock management and support and continued development of business acumen, he explained. "These areas will drive the future services of Vantage."

In the past Vantage services have been provided on an all or nothing basis. But AAH recognises that this "inflexible" approach is no longer appropriate. "The whole retail landscape is changing. We have to get the balance right, as do you," he said.

"The key to success in a service-based economy is providing those services that people want to buy," said Dr Mudhar. "It may sound obvious, but we must spend more time thinking about what our patients want." Pharmacists will have to be open to new ways of working and will have to be realistic and know that funding will be diverted from product supply to customer service, he added.

The Vantage sales force will be detailing the changes to pharmacy customers.

Steve Dunn

Generics cost-cutting warnings

A rejection of the financial remuneration needed for the new contract could have knock-on effects for other sectors within the industry, Steve Dunn warned.

As group managing director of AAH Pharmaceuticals, Mr Dunn's understanding of the Government's view on the generic prices tariff negotiations is "inextricably related to the new contract. So if the new contract goes to [illegible] negotiation, then presumably the generics tariff will have to be renegotiated", he said.

Mr Dunn reminded delegates that the industry faces a year of considerable change. Besides the generics review and the new contract, there will also be changes to the pharmacy contract control of entry regulations and the Pharmaceutical Prices Regulation Scheme review. "Change will have to be managed very skilfully by both pharmacy and government if disruption to patient care is going to be avoided," he said. This was especially the case with the revised drugs tariff as in both pharmacy and pharmacy wholesaling, "generics subsidise areas of service delivery that generate zero profit or loss". As a result, a reduction in profitability on generics without a compensatory change elsewhere could lead to wholesalers carrying a much narrower range of products due to non-viability. In turn this could lead to patient safety being compromised, he warned.

Felicity Cox

Outside the box

Thinking 'outside the box' and taking ideas and potential solutions to PCTs will be a significant means for community pharmacy to develop its role, a PCT chief executive has proposed. And rather than wait until the new pharmacy contract is brought in, pharmacists should be making contact with their PCTs now, advised Felicity Cox, chief executive of the Watford and Three Rivers PCT.

With service supply opening up across health practitioner groups and with PCTs starting to engage with the wider circle of health practitioners, it is up to pharmacists to shout about how good their services are and to show the PCTs their value, she said.

As waiting lists are being brought further under control, the NHS will focus increasingly on chronic disease management, she argued. But as there are targets for 98 per cent of patients attending A&E to be seen in four hours, many of whom have a chronic condition, the more that can be done to help them in primary care the better, she said.

Pharmacists should not just "play safe"; instead they should be thinking of possible new areas for pharmacy involvement. Examples could be helping in the 'expert patient' programme, taking blood samples in the pharmacy for monitoring or diagnostic purposes, or even giving patients the option to book appointments within the NHS. "There's a whole IT agenda beyond ETP," she said.

Ms Cox, a former community pharmacist, is now part of the new pharmacy contract negotiations, being a representative on the NHS Confederation team. "We have said that we want to reward people for doing the right clinical work," she said. "We do not see the contract as a way of saving money – but it's to fund people for their clinical skills as well as dispensing. We cannot give any guarantees that

oney will be ring fenced, but it's about outing about how good a service you are oviding. It's in your hands to show how uable you are."

Between now and the new pharmacy ntract being implemented, pharmacists ould be doing more to let their PCTs know out the services they are providing or could ovide. They often provide essential services t may be unpaid by the NHS, so the PCT ecutive may be unaware of these.

Pharmacists should consider opportunities sing with the new General Medical Services ntract, she said. Just because a service has en defined under GMS, does not mean it l have to be provided by GPs. Pharmacists o need to think about new partnerships: ou need to encourage networking, so that move from an era of competition to one of laboration," she said. "Try to get to meet ur PCT. Ask them why they are not talking you. Invite them to your meetings that are eady going on ... we as PCTs need to talk h you and you need to engage with us. We need to have an ongoing dialogue and know at each is thinking about."

Margaret Dolan

The integrated care perspective from Scotland

e future of healthcare will have an reasing community focus, said Margaret lan. As trust chief pharmacist for the West thian Healthcare NHS Trust, the only ergrated trust in the UK, Ms Dolan works oss the interface between primary and ondary care services.

But she told delegates: "Patients want to be ated as close to their home as possible. ere will be some shift between primary and ondary care, but we have to be careful in s shift to make sure that we do not put all services in one sector."

There will also need to be further elopment in the role of support staff, she said. Checking technicians have been part of the hospital dispensary team for 15 years. "Hopefully, we will now engage [community pharmacy] in this, to allow the pharmacist to have more face-to-face contact with the patient," she said. It was also "about time" that pharmacists were recognised and reimbursed for giving advice.

Outlining the future of pharmacy development in Scotland, Ms Dolan said that the pharmacy strategy as outlined in *The Right Medicine* will provide the main structure for the new pharmacy contract there. But with the 60 recommended actions across five themes in the strategy, there were no surprises in content, as many of the recommendations are already piloted or in operation in parts of the country. Rather, it's about trying to help pharmacists standardise the format across the country instead of only having 'pockets' of excellence, thus avoiding 'post code' pharmacy care, she said.

However, having developed a national standard, documentation and procedures it is important to have a national team of pharmacists who can be leaders and show other pharmacists how a service is operated, she argued. She advocated establishing pharmacy champions to further the profession.

This would benefit supplementary prescribing: "Yes, you need the experience and training but there's some reluctance. But if we do not do it, the nurses will," she warned. "We need the peer support to do it. We are funding the training through *The Right Medicine*. In the longer term, every graduate that comes out of university will be a supplementary prescriber," she predicted. But she warned pharmacists that whatever they do, they should not ask to have the prescribing budget handed over to them, but leave it with the doctors. "All you want to do is influence it."

'Don't follow doctors' plea:

Now that GPs are not opening their surgeries on Saturday mornings under the new GMS contract, Ms Dolan said she was already being asked by pharmacy contractors if they could close too. However, she urged them not to. "Please do not decide to close on a Saturday. Let's spend Saturday doing what we want to do and that's pharmaceutical patient care. But we need to fund you to make sure you have the opportunity to do that."

David Colin-Thome

Chronic conditions focus

Healthcare will increasingly focus on the control of chronic conditions and their management in the primary care sector. As such, community pharmacy could play a "pivotal role", suggested David Colin-Thomé, national clinical director for primary care for the Department of Health.

Chronic disease is one of the key reasons for hospital admissions, but this is due to only a small proportion of those with chronic illness becoming unstable. The majority of people with chronic illnesses (70–80 per cent) can be supported in the community with advice on self-care or intervention by pharmacists, he suggested, with a much smaller proportion needing the more specialised care that the GP could provide.

Pharmacists are also being offered opportunities to provide services under the new General Medical Services contract. This should not be seen purely as the new GP contract, he said, adding that for the first time the contract means the patient experience will have some influence over money.

Jane Grant

Diabetes role

Pharmacists have an important role to play in the care of an increasing population with diabetes. With at least 1.4 million people diagnosed in the UK, but with an estimated one million more undiagnosed, the impact on the health service is increasing.

But if more can be done early on with patients newly diagnosed with diabetes, then the more expensive therapies such as dialysis and hospitalisation can be reduced, argued Jane Grant, advanced practitioner in diabetes at the University Hospitals of Leicester.

The cost of diabetes to the health service in 2000 was estimated at almost £5 billion, but the aim over the next 10 years is to invest more money earlier. Ms Grant called on pharmacists to take an interest in diabetes to help relieve pressure on the condition's teams. Areas where pharmacists can have an input include smoking cessation or lifestyle advice on weight, diet and exercise. She would also like to see more people involved in monitoring – from simply providing a weighing service to taking blood pressure or measuring blood lipids and cholesterol, as well as checking glycaemic control.

While wanting more availability of medicines management services, as many patients may be on a variety of medicines without necessarily understanding why, there is also a need to ensure patients are as much aware of the consequences of hypoglycaemia caused by their medication as hyperglycaemia through failing to take their medicine. Pre-lunch dizziness may not be recognised as being caused by an oral diabetes medicine affecting blood glucose levels.

Pharmacists could also help by advising patients with diabetes about some of the consequences of 'inter-current' illnesses. Besides acute illnesses often increasing blood sugar levels, use of OTC medicines to treat the problem may impact on the effectiveness of the diabetic therapy.

PCTs are employing specialist diabetes nurses, and some GPs are becoming semi-specialists. There was no reason why pharmacists should not consider specialising in diabetes, too, she suggested.

AAH

Click to search dotPharmacy

NEWS FEATURES EDUCATION COMMENT INFORMATION

Chemist & Druggist Online

dotPharmacy

Health and medicine news for UK pharmacists
Delivered daily by Chemist & Druggist

Thisweek
News from the pages of Chemist & Druggist

Click here to read this week's news

Stoppress
Keep up with Pharmacy news as it happens

Read the latest update

dotPharmacy gives you the latest news – and more!

There's **C&D Price List On-Line**, a new service brought to you by *Chemist & Druggist*. You'll find all the information which appears in the printed *C&D Price List* and its weekly supplements. It's all searchable and it's updated every Friday. The Price List On Line service is free to all subscribers to *Chemist & Druggist*

You'll also find **Pharmacy Update**. The site carries all of the active modules and questionnaires exactly as they appeared in *Chemist & Druggist*, freely available for download. And older modules – dating back to 1996 – can be found in the archive.

You can also access the **dotPharmacy Directory**. This is the online companion to the printed *Chemist & Druggist Directory*. It contains information on over 10,500 companies under 1,862 classification headings covering all sectors of the pharmaceutical industry including manufacturing, chemists, retailers, hospitals and the public sector.

And did we mention the weekly poll, links page, extensive features section, diary dates...?

Now **Community Pharmacy** has joined the family - visit CP Online soon

...Click now

www.dotpharmacy.com

Classifiedads

Appointments £27.00 P.S.C.C. + VAT minimum 3x1.
General classified £18.00 P.S.C.C. + VAT minimum 3x2.
Box Numbers £15.00 extra. Available on request. Copy date noon Tuesday prior to Saturday publication.
Cancellation deadline 10am Friday, one week prior to insertion date. All cancellations must be in writing.
Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: http://www.dotpharmacy.co.uk

All major credit cards accepted

Appointments

MCRx

UNIQUE OPPORTUNITY

CRx LTD a progressive Pharmacy Group in North London (branches in Muswell Hill, Wood Green, Finchley + Great Wakering, Essex) requires:

TWO DISPENSING ASSISTANTS
Competitive package
Full & part time vacancies available

Please send written C.V. to:
Sylvia Turner, MCRx Ltd,Unit 1, Little Hyde Hall,
Hatfield Heath Road, Sawbridgeworth, Herts, CM21 9HX
Email:sylvia.turner@mcrx.net

Sales Agent Required

ast Growing Parallel Imports & Generics Distributor requires Sales Agents to en new **Retail Pharmacy** accounts in all areas on a full time or part time basis.

You may already have existing trading relationships with ependant retail pharmacies and hence are looking to extend your product range and earning potential.

Please send your CV by post to
P.O Box 297, Chemist & Druggist, Sovereign House,
Sovereign Way, Tonbridge TN9 1RW
or by email on dthackeray@cmpinformation.com

All enquiries will be kept in strictest of confidence

/T & P/T DISPENSERS - ST. ALBANS

Varied and exciting role for motivated individuals
Work in Team with Drug Co's & Hospitals
MDS experience preferable - will train
Excellent Salary & Conditions

ontact Mr. Hundal Tel 01727 877950
nd CV to Unit 7 Curo Park, Park Street, Frogmore, St. Albans, AL2 2DD

Buttercups Training Ltd

Pharmacy Technician

required to join our lively team of pharmacists and echnicians in our Nottingham office for assessing and administrative duties. Please see website www.buttercups.co.uk for details contact: mail training@buttercups.co.uk or tel: 0115 9374936

Part-time qualified Dispenser
quired for a small friendly Doctor's Surgery. Flexibility essential. Please apply in writing enclosing C.V to: Jaqui Drew, West Hallam Medical Centre, The Dales, West Hallam, Ilkeston, Derbyshire DE7 6GR.

Business services

DO YOU OWN A PHARMACY IN LONDON OR THE HOME COUNTIES??

If so, are you thinking of selling? Speak to US first.

We have purchasers calling us DAILY wanting Pharmacies in these areas.

Please call Anne today
on: **01494 722224**
our conversation will be confidential.

Hutchings Consultants Ltd

www.pharmacyexperts.com

Businesses wanted

PHARMACY BUSINESS WANTED

Individual Pharmacist would like to aquire a Pharmacy Business in the Manchester Area. For a confidential discussion and a quick decision please contact Mr Pathak on 0161-969-6311 or 07976-273-592

We want your pharmacy

Our progressive chain of over 80 shops is keen to acquire pharmacies in Southern England and East Anglia, leasehold or freehold.

Call Tony Hough on 020 8689 2255 ext 221, or mobile 07740 878836. All enquiries treated in strictest confidence.

Day Lewis House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
email: tonyhough@daylewisplc.com Fax: 020 8689 0076
www.daylewisplc.com

DAY LEWIS

Kendalls DY1 2J3

Products and services

NEW

Mashco Plc

April 04'

PHOTO, ELECTRICAL & PERFUMES

PERSONAL DIAGNOSTICS

Omron Step Counter
CODE: OMRHJ005
- Displays number of steps
- With belt clip

SSP: 9.99
IP: £6.10
NET: £5.95

Oregon Basic Fun Pedometer
CODE: OREWA101
- Displays number of steps
- Sensitivity adjustment
- With belt clip

SSP: 6.99
IP: £4.41
NET: £4.29

AVAILABLE IN A CHOICE OF BLUE, YELLOW AND GREEN

Oregon Smart Trainer
CODE: OREHR308
- Automaticaly calculates users own upper and lower heart rate
- Average heart rate and calorie counter
- LCD backlite display

SSP: 39.99
IP: £25.38
NET: £24.75

Tel: 020 8204 2224 **Email: sales@mashcoplc.com** **Fax: 020 8204 0224**

E&OE NET PRICES ARE AFTER SETTLEMENT DISCOUNT OF 2.5%. GOODS SUBJECT TO AVAILABILITY. VAT AT STANDARD RATE

CAMRx

PHARMACY DEVELOPMENT GROUP

VISIT TO UNICHEM HINCKLEY DEPOT

OPEN EVENING FOR CAMRx MEMBERS ON TUESDAY 27TH April 2004

Unichem, Hinckley Business Park,
Dodwells Road, Hinckley,
Leicestershire, LE10 3BZ

Call Phillipa Capon now on
FREEPHONE **0800 526074**

to find out more about the benefits of joining CAMRx

R L Hindocha MRPharmS.FInstD
54/66 Silver Street
Whitwick
Leicestershire LE67 5ET

POSITIVE SOLUTIONS LIMITED

Amazing!

ANALYST IPS provides truly integrated PMR & EPoS functionality. A commercial and professional decision support system allowing you to meet the challenges of 'Pharmacy in the future' with confidence.

For sheer exhilaration - no snowboard required, call us today:

Call **01254 833300**
for a free demo CD and our new brochure

EF CDSC253

Positive Solutions Limited, Solutions House
School Lane, Brinscall, PR6 8QP www.positive-solutions.co.uk

Stephens Wholesale

www.stephens-wholesale.co.uk

Wholesale household & toiletry supplies

nationwide next day delivery

- Ladies products
- Baby Products
- Miscellaneous
- Deodorants
- Oral Care
- Bath Products
- Paper Products
- Haircare
- Mens Products
- Toiletries
- Medical
- Household

- **1hr turnaround on collection**
- **Ordering 24 hours 7 days a week**
- **Next day nationwide delivery**
- **Hand-held computerised stock pickers**
- **Vehicle tracker system**

Freephone Hotline:

0500 009414

Unit 4 • Newtons Court • Crossways • Dartford • Kent DA2 6QL

Products and services

NO STOCK – NO SALE

Check your stock of STUD 100® and Premjact® Desensitizing Sprays for Men now!

Always read the Label/Leaflet

SEND YOUR ORDERS TO:
Pound International Ltd., 109 Baker Street, London W1U 6RP
Tel: 020 7935 3735 Fax: 020 7224 3734
E-mail:pound@dial.pipex.com

SOPs JAN 2005 COUNTDOWN
DON'T STRESS & WASTE TIME WORRYING
Surpass forthcoming RPSGB '05 requirements • Protect your professional status • Maximise your dispensary performance • Minimise Errors • Meet & exceed your patient needs • Increase your business performance
10 Chapters detailing all areas of Pharmacy Standard Operational Procedures
www.psop.co.uk LPC Approved

OAN GUARANTEE
With NO Ethical Discount Terms Restriction?
Think PHOENIX
ontact Julie Deakin: 01928 750648

To Advertise in Products & Services
Please call
Debra Thackeray
01732 377493

Tax Consultants & Consultants

DO YOU HAVE THESE SYMPTOMS?

- Large tax bills? ☐
- An accountant who is not proactive? ☐
- A desire to pay less tax? ☐

Call us NOW we have the remedy
Phone: 01494 722224

www.pharmacyexperts.com

h&Co.
Hutchings & Co.

The Leading Tax Consultants For Retail Pharmacists.

Tax Consultants & Consultants

Does your Accountant & Tax Adviser specialise in retail pharmacies?

Our full services to retail pharmacies include advice on and/or preparation of:

ACCOUNTANCY SERVICES

- Computerised bookkeeping and payroll systems
- Maximum VAT Reclaim
- Annual audit and accounts
- Pharmacy purchase special loan schemes
- Setting up quarterly accounts systems to improve profitability and cash flow

TAXATION SERVICES

- Personal and corporate tax returns
- Convert to Ltd company to reduce tax by some 50% annually
- Company or private car and financing schemes
- Reducing personal and company tax
- Salaries and dividends planning
- Tax investigations
- How to reduce capital gains tax on sale of pharmacy
- WILLS and how to reduce inheritance tax liability
- Stamp duty planning
- Domicile and offshore tax planning
- Offshore companies and trusts
- Setting up Employee Benefit Trust
- Tax planning for property investments
- Taper relief reports

BUSINESS SERVICES

- Profit growth
- Pharmacy purchase and loan schemes
- Getting your pharmacy ready for sale
- Business structure
- Directors and shareholders agreements
- Directors and employees incentive schemes
- Future goals and plans
- Benchmarking your business

FINANCIAL SERVICES THROUGH AN IFA

- Company or personal pension schemes
- Life and critical illness policies
- Medical insurance
- Mortgages
- Investments

For more information or for a FREE consultation, please call Umesh or Jay on numbers below:

CHARTERED ACCOUNTANTS IN ENGLAND & WALES

modiplus ADDING VALUE

LONDON: Umesh 020 7433 1513
MANCHESTER: Jay 0161 980 0770
www.modiplus.co.uk
THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

Clockwise from top left: Ian Adamson, Kirit Patel, Gill Thorp and Emma Tennant

Ian Adamson has been appointed an executive director and European managing director of SSL International. Mr Adamson joined the company as marketing director in 1991, and has held a number of senior positions within the company, most recently as UK managing director.

Kirit Patel, chief executive of the Day Lewis pharmacy group, has been appointed to the Better Regulation Task Force. The independent body advises the government on regulation and its enforcement. Appointments are made by the minister for the Cabinet Office and are unpaid.

Joanne Shaw has been appointed to the NHS Direct board. Ms Shaw is director of the Medicines Partnership, a Department of Health programme that aims to improve medicine use in the NHS, based at the RPSGB. Prior to this appointment Mrs Shaw was performance development director at the Audit Commission.

Numark Plc has announced the appointment of **Helen Groves** as brand controller. Ms Groves joins from AAH Pharmaceuticals where she was brand manager for Vantage, and will have responsibility for the Numark own-brand product range.

Emma Tennant has been promoted to operations director at health supplement supplier BR Pharmaceuticals. Ms Tennant joined the company five years ago as general manager and accountant at the company's headquarters in West Park, Leeds.

Alpharma Ltd has appointed **Gill Thorp** to the position of national hospitals account manager. Ms Thorp joins from Schering Health Care Limited where she was hospital contracts manager. She is a council member of the British Association of Pharmaceutical Wholesalers and secretary to the ABPI supply chain group.

Systems Solutions, a leading IT solutions provider for the UK pharmacy sector, has announced the appointment of **Paula McGrath** as software development operations manager. Ms McGrath will be responsible for enhancing the QicSCRIPT pharmacy system, and has worked in the software development industry for over 15 years.

Come fly with me

Passengers with health problems on their way to last week's Avicenna conference in Cairo must have been reassured by EgyptAir's safety announcements.

After the normal warnings about not using mobile phones on the plane or laptops while taking off and landing, passengers were reassured that certain types of electrical equipment did not come under these regulations.

Such items included hearing aids, pacemakers and electric shavers. It must have been such a relief for the unshaven deaf man with an irregular heartbeat to not have to disembark.

Avicenna delegates marvel at the only surviving wonder of the ancient world (above) over the Easter weekend

Not content with seeing the locals dress up (left) at the Colorama meal, Sigma Pharmaceuticals decided to dress like an (ancient) Egyptian

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying, recording or any information storage or retrieval system without the express prior written consent of the publisher. The contents of Chemist & Druggist are subject to reproduction in information storage and retrieval systems. CMP Information Ltd may pass suitable reader addresses to other relevant suppliers. If you do not wish to receive sales information from other companies please write to Ben Martin at CMP Information Ltd. Origination by TSS Digital, 52 Northdown Road, Margate, Kent CT9 2RW. Printed by Headley Brothers Ltd, The Invicta Press, Queens Road, Ashford TN24 8HH. Registered at the Post Office as a Newspaper 25/23/205

If you are serious about Safety and Health...

get face to face at Safety and Health Expo 2004

Experience Safety sponsored by DuPont Personal Protection

Spectacular choreographed displays of PPE and safety products at the runway

Talk Safety NORWICH UNION

100's of opportunities to hear 'how to' from the experts

- The Information Theatre sponsored by Norwich Union Risk Services
- ARCA and RHODAR are hosting free asbestos seminars everyday
- The RoSPA Safety Advice Centre
- Featuring the RoSPA Congress 'Learning, Sharing, Moving Forward'

Think Safety HSE Health & Safety Executive

Visit the HSE, The Access Industry Pavilion and the Safety & Health Expo 2004 Product Innovation Awards sponsored by Bsif

2004 SAFETY & HEALTH EXPO

11 - 13 May 2004

Halls 9 & 10, NEC, Birmingham

New 3 day format

Find out everything that Safety & Health Expo can do for you today

Register for FREE www.safety-health-expo.co.uk

or call +44 (0)870 429 4328 RoSPA Congress hotline: +44 (0)870 777 2120

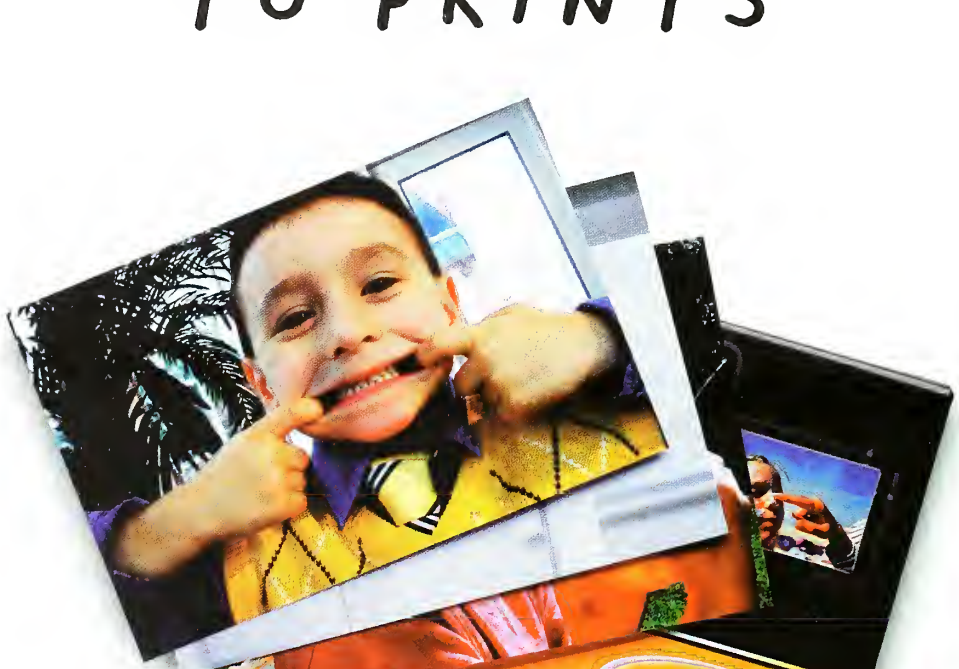
Supported by RoSPA HSE Health & Safety Executive Bsif

Official publication SHP THE SAFETY & HEALTH PRACTITIONER

Organised by CMP

FROM PIXELS

TO PRINTS



TO PROFITS!

> Kodak's latest press campaign will help *Kodak* Pictures dealers to turn pixels into prints and profits. Starting in April and covering specialist titles, consumer magazines and National Press supplements, this £½ million campaign will spread the word that it's easy for consumers to get prints from digital camera cards and CD's at *Kodak* Pictures dealers. So however consumers take photos they can get the same great Kodak prints they have always enjoyed.

For further information contact your Kodak Sales Development Manager or call Debbie Sear on 01442 844196

www.kodak.co.uk

Kodak, and Share Moments. Share Life. are trade marks.

Share Moments. Share Life.™

CMP
A supplement to Chemist & Druggist magazine
Chemist&Druggist
The Newsweekly for Pharmacy
24 April 2004

Summer Health




Who should you turn to when hayfever sufferers begin to sneeze...

Reducing the risk of travel-induced DVT

Preventative health: advice on vaccines

The ins and outs of motion sickness

We're expecting blooming great sales again this year.

Zirtek was the fastest growing oral OTC Allergy relief brand during the hayfever season of 2003, outgrowing the market by almost double.[1]

And remember, Zirtek has so much to offer your customers:

- ✓ Zirtek works faster than Clarityn® in hayfever[2]
- ✓ Zirtek is classified as non-drowsy[3*]
- ✓ Zirtek can be taken with other medication as it has no known drug interactions
- ✓ Zirtek is not significantly metabolised in the liver – no dosage adjustment for customers with liver impairment.
- ✓ Zirtek offers the convenience of both tablet and solution formats

£1 million media campaign

www.zirtek.co.uk

ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF
PRESENTATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride.
USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.
DOSAGE AND ADMINISTRATION: Adults and children aged 6 years and over: 10 mg daily. Children between 6 to 12 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief: Adults and Children aged 12 years and over: 10mg once daily.
CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.
INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.
SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.
PACKAGING/PRICE: Zirtek Allergy: Pack of 21 tablets = £8.95 R.R.P. Pack of 30 tablets = £14.95 R.R.P Zirtek Allergy Relief: Pack of 7 tablets= £4.45 R.R.P.
LEGAL CATEGORY: Zirtek Allergy: P. Zirtek Allergy Relief: GSL.
MARKETING AUTHORISATION NUMBER: PL 08972/0032
MARKETED BY: UCB Pharma Limited, Watford, Herts WD18 0UH.
For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts,WD18 0UH. Telephone (01923) 211B11. Facsimile (01923) 229002. Email: medicaluk@ucbgroup.com.

ZIRTEK ALLERGY SOLUTION
PRESENTATIONS: Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride
USES: Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over.
DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily.
CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.
INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.
SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.
PACKAGING/PRICE: 200ml Solution = £18.95 R.R.P, 75ml Solution = £7.95 R.R.P.
LEGAL CATEGORY: P
MARKETING AUTHORISATION NUMBER: PL 08972/0033
MARKETED BY: UCB Pharma Limited. Watford, Herts,WD18 0UH.
For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211B11. Facsimile (01923) 229002. Email: medicaluk@ucbgroup.com.

ref 1: IMS Pharmatrend week 22 to 30 2002 vs week 22 to 30 2003 ref 2: Day JH et al. J Allergy Clin Immunol 1998; 101; 638-45. ref 3: BNF and MIMS 2003

Clarityn is a registered trademark of Schering-Plough Ltd.

* Zirtek Allergy, at the recommended dose, does not cause drowsiness in the majority of people. However rare cases of drowsiness have been reported.

UCB-ZA-04-04

Editor
Charles Gladwin, *MRPharmS*
Clinical Editor
Fiona Salvage, *MRSC*
Marketing Editor
Sarah Thackray
Production Editor
Fay Jones, *BA*
Group Production Sub Editor
Richard Coombs
Designer
Michelle Raki
Editorial secretary
Jan Powis
Editorial (tel): 01732 377487;
(fax): 01732 367065;
chemdrug@cmpinformation.com
Group Sales Manager
Quentin Soldan
Sales Manager
Mark Walley
Advertisement secretary
Elaine Steele
Advertising (tel): 01732 377621;
(fax): 01732 377179
Pharmacy Projects
Mary Prebble
01732 377269
Production
Katrina Avery
Publishing Director, Healthcare
Fergus Wilson

© CMP Information Ltd

Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

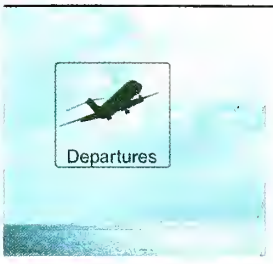
Published by CMP Information Ltd,
Sovereign Way,
Tonbridge,
Kent TN9 1RW

C&D on the internet at
http://www.dotpharmacy.com/

The editorial photos used are courtesy of the suppliers whose products they feature

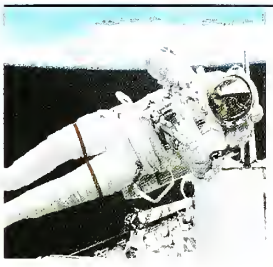
CMP
United Business Media

contents



4 **Travellers' thrombosis**
Dr Paul Giangrande explores the link between long-distance travel and venous thrombosis

8 **Protect your assets**
Dr Sarah Jarvis suggests ways to help travellers with their vaccination needs



10 **Moving target**
Kate Heathcote looks at the problem of travel sickness and how to alleviate it

12 **Hot off the shelf**
What's new on the market this year? Take a look at this year's product launches and campaigns

travellinglight

Sarah Thackray brings you the latest developments in the world of travel

Air travel helps exotic viruses to spread

Air and sea travel are helping to spread deadly virus diseases carried by mosquitoes and ticks, according to scientists from the Centre for Ecology and Hydrology in Oxford.

The dispersal of flaviviruses is also influenced by the variations in climate, goods transportation, urbanisation, land reclamation and modern farming practices.

At a Society for General Microbiology meeting this month, the Oxford scientists described how West Nile virus probably arrived in New York in 1999 and how it rapidly spread across North America, killing people and thousands of horses and birds.

The same virus is common in Africa, Europe and Asia, where it causes occasional outbreaks and very few deaths.

Professor Ernest Gould explained: "Understanding the dispersal pattern of West Nile virus and why it appears so harmful in North America will help us to predict whether or not other unpleasant and dangerous diseases such as yellow fever, dengue haemorrhagic fever, Japanese encephalitis and tick-borne encephalitis will alter their dispersal patterns and epidemic behaviour in the future."

Professor Gould pointed out that some of these exotic viruses are continually being introduced into the UK, probably from Africa, but as yet they do not appear to be causing obvious disease problems, either in humans or in animals.

"Our work will enable scientists to predict the outcome of future epidemic outbreaks equivalent to the sudden appearance of West Nile virus in America," he said. "The worst case scenarios can be rehearsed to enable appropriate response strategies to be put in place."

Vaccine could protect against Delhi belly

The curse of Delhi belly could soon be prevented by a vaccine to protect against the commonest cause of traveller's diarrhoea.

An oral vaccine to protect against enterotoxigenic E coli disease (ETEC) has been developed by the biotechnology company Microscience.

The vaccine consists of Salmonella bacteria that have been modified to carry an ETEC antigen that generates a strong immune response.

After a single dose of the vaccine in a trial at St George's Hospital in London, half of the 36 volunteers showed high immune response levels against an ETEC protective antigen and the response rate rose to 70 per cent after two doses.

"The results of this first study are exciting and are the best achieved to date in humans using this type of oral delivery system," says clinical investigator Dr David Lewis.

The vaccine is now in further trials to demonstrate protection against ETEC and to develop an optimal dosing regime that will be administered over a few days.

Sunscreens branch out

Australian scientists are making sun protection a step further and developing a sunscreen lotion for trees.

Researchers in Queensland hope that the lotion will protect citrus and other fruit trees from heat stress under the harsh Australian sun, helping to improve the quality of their produce.

The protective coating is mainly made from clay which turns the trees white, helping to reflect the sun.

Travellers' thrombosis

Dr Paul Giangrande explores the link between long-distance travel and venous thrombosis. He also reports on the latest evidence to support preventative measures for DVT

The consequences of venous thrombosis are not insignificant. Quite apart from the pain and discomfort that can ruin a holiday or business trip, pulmonary embolism is estimated to develop in approximately 10 per cent of cases. The mortality associated with pulmonary embolism rises with increasing age, but is in the range of 2-15 per cent of cases.

It's important to note venous thromboembolism is not exclusively associated with air travel, and has also been documented following long car, bus or even train journeys. Furthermore, thrombosis is by no means restricted to those in the relatively confined conditions of economy class, and thus the alternative term of 'travellers' thrombosis" has been suggested.

It is possible to derive some general conclusions from published cases of venous thromboembolism associated with travel. Thromboembolism is rarely observed after flights of less than five hours' duration and, typically, the flights are of 12 hours' duration or more.

The risk rises with age – subjects over the age of 50 are more at risk while those under the age of 40 years are less vulnerable.

Symptoms of thromboembolism do not usually develop during or immediately after the flight, but tend to appear within three days of arrival when the patient may present far away from the airport and thus the causal link may not be immediately apparent.

In fact, symptoms of thrombosis or pulmonary embolism have been reported up to two weeks after a long flight and, in some cases, pulmonary embolism may be the first manifestation, without any symptoms in the lower limbs.

The inconvenience and side effects of warfarin treatment should not be overlooked. Approximately 60 per cent of patients will develop post-phlebitic syndrome (persistent swelling and discomfort of the leg, often associated with ulceration) within two years, despite appropriate anticoagulant therapy.

A history of thrombosis will also preclude future prescription of hormone replacement therapy or oral contraceptives for women, and make it difficult to secure travel insurance in the future.

Air travel link

The precise incidence of thromboembolism in relation to air travel is uncertain, though it has been estimated that at least 5 per cent of all cases of deep vein thrombosis (DVT) may be linked to air travel.

A study based on 56 confirmed cases of pulmonary embolism amongst 135.3 million passengers passing through one airport in the period 1993-2000, clearly demonstrated an association between duration of travel and risk of pulmonary embolism.[1]

The incidence of pulmonary embolism was significantly higher (1.5 cases per million) for passengers travelling more than 5,000km when compared with a risk of only 0.01 cases per million among passengers travelling less than 5,000km.

Thrombosis is by no means restricted to those in economy class

Cases of pulmonary embolism clearly only represent the 'tip of the iceberg' of cases of DVT. A recent observational study from New Zealand, based on the study of 878 passengers who travelled extensively reported an incidence of venous thromboembolism of 1 per cent, including four cases of pulmonary embolism and five of DVT.[2]

However, the incidence of latent, asymptomatic thrombosis is likely to be even higher. A prospective study of long-haul air passengers over the age of 50 reported that 10 per cent were found by duplex scanning to have asymptomatic DVT confined to the calf.[3]

Stasis in the venous circulation of the lower limbs is undoubtedly the major factor in promoting the development of venous thromboembolism associated with travel, due to prolonged immobility in a cramped position.

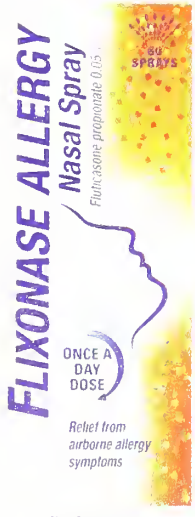
In this context, ingestion of a

Continued on page 6 ▶

Flixonase® for the man who has everything

You won't find a more complete answer to airborne allergy than Flixonase Allergy Nasal Spray. Unlike antihistamines, it treats all three major chemical pathways: histamine, leukotrienes and prostaglandins.[1-3] That's why it can relieve both early and late phase symptoms, from itchy eyes to groggy heads.[4-12]

Recommend Flixonase Allergy, the most effective once a day airborne allergy treatment.[4-10,12]



So much more than an antihistamine

xonase Allergy Nasal Spray Product Information. Presentation: Aqueous nasal spray spension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and atment of allergic rhinitis. **Dosage and administration:** Intranasal use only. *Adults and the healthy derly:* Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment fore contact with allergen. *Children under 18 years:* Not to be used. **Contraindications:** Known persensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if mptoms have improved but are not adequately controlled, consult a doctor. Not to be used for re than 3 months continuously without consulting a doctor. Consult a doctor before use in: ncomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side effects:** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** except with medical advice. **Legal category:** P. **Product licence number:** PL [illegible] **licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. [illegible] available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.[illegible]. **Date of preparation:** December 2002. **Flixonase** is a registered trade mark of the GlaxoSmithKline companies.

References: 1. Howarth PH. Allergy 2000; **62**: 6-11. **2.** Rak S *et al.* Clin Exp [illegible] 939. **3.** LaForce C. J Allergy Clin Immunol 1999; 103: S388-39[illegible]. **4.** Jordana [illegible] 588-595. **5.** Van Bavel JH *et al.* Ann Allergy Asthma Immunol 1997; 79: [illegible]. Desfougeres J-L. Allergy, 1997; **52**: 445-450. **7.** Ratner PH *et al.* J Fam Pract [illegible] **8.** Stricker WE *et al.* Ann Allergy Asthma Immunol 1998; 80: [illegible]15. **9.** K[illegible] St[illegible] Allied 2001; **161**: 2581-2587. **10.** GlaxoSmithKline Data on file, FNM30013. **11.** Glaxo[illegible] on file, FNM40184 & 0185. **12.** Vervloet D *et al.* Clin Drug Invest 1997; **13**(5): [illegible]

gsk GlaxoSmithKline Consumer Healthcare

PHARMACISTS GO
ON HOLIDAY TOO!

For a free pair of **Activa DVT Air Socks** – the only Queen's Award-winning Compression Hosiery Range Exclusive to Pharmacy – take your leg measurements as below and email your Air Sock size, with your name, pharmacy name and address to: ***activa@information-services.org***. We have 100 pairs to give away.

Kimby Osborne, Activa's leg health expert who runs the pharmacist compresson hosiery training module, in partnership with the NPA, recommends that the many customers wishing to purchase 14-17 mmHg compression-level DVT socks before they go on holiday this year should be measured for the correct size by their pharmacist, just as they would for Class I hosiery (also 14-17 mmHg). This ensures the correct level of compression is applied to the leg. Self selection by shoe size alone is not recommended.

Quick Guide to Measuring:

B. Widest part of the calf
C. Just above the malleolus (ankle bone)
D. From back of the heel to the longest toe

MEASURING GUIDE

SIZE	S	M	L	XL
B	30.5-37.5cm	33.0-40.0cm	35.5-43.0cm	38.0-46.0cm
C	19.5-25.5cm	21.5-27.5cm	22.5-29.5cm	23.0-32.0cm
D	20.5-24.0cm	23.0-26.0cm	25.5-29.5cm	26.5-32.5cm

1. Make sure the customer has their feet flat on the ground, sitting or standing.
2. Check the legs for any signs of venous disease – thread veins, varicose veins, leg ulcers. It may be that the customer needs to be referred to their GP for further investigation.
3. You need to take three measurements: the widest part of the calf, the thinnest part of the ankle and the foot length, from the heel to the longest toe (which may not be the big toe).
4. Then refer to the on-pack measuring guide shown below to find the correct size.
5. There is a leaflet in each pack of **Activa DVT Airsocks** which gives application instructions for the customer.

Points to remember:

Sometimes patients will fit into two size categories, eg med/large. When this happens, you would normally recommend the smaller size to give the best level of compression, but do note that if the patient has a long limb length, the bigger size gives better leg length.

Remember to ask if the patient already wears compression hosiery – for example if they usually wear a Class II stocking, this is what they should wear for travelling (not an Airsock which is the equivalent of Class I compression).

Activa Healthcare's DVT Air Sock is made with Advanced Aviation technology and fabrics, and forms part of its compression hosiery and bandaging range.

For a full copy of the Activa pharmacy training manual for compression hosiery, please contact Activa on 01450 600707. Go to ***activadvt@information-services.org*** for further information.

THE QUEEN'S AWARDS FOR ENTERPRISE INNOVATION 2003

ACTIVA HEALTHCARE

significant quantity of alcohol or use of strong sedatives will also encourage immobility during a flight. A number of other risk factors are now also recognised, primarily through clinical experience in the setting of surgery, which predispose to venous thromboembolism (*see table*).

The effect of age was highlighted in a recent study from Australia which found the incidence of thromboembolism was less than 1 in 100,000 among all arriving passengers but rose steadily to exceed 14 in those aged 75 or more.

Researchers also concluded that the annual risk of venous thromboembolism is increased by 12 per cent if one long haul-flight is undertaken annually.[4]

A haematological abnormality may exist in an individual which predisposes to the development of venous thromboembolism. Such disorders include the relatively rare congenital (inherited) deficiencies of natural anticoagulants, such as antithrombin, protein C or protein S.

Routine screening of passengers for these abnormalities is not justified or cost effective but may be of value in selected individuals who have had an episode of venous thromboembolism, or where there is a strong family history of thrombosis. A recent study demonstrated that an inherited thrombophilic defect or use of an oral contraceptive pill increased the risk of thrombosis associated with air travel 16-fold and 14-fold respectively.[5]

Minimising risks

A number of general measures may be taken to minimise the risk of thrombosis associated with long flights.[6] Perhaps the most important step is to consider at the outset whether the patient is actually fit to fly in the first place. For example, it is probably wise to defer long-haul travel after recent major orthopaedic surgery.

Passengers should be encouraged to carry out leg exercises from time to time while seated and ensure adequate hydration during the flight. A number of prospective studies have shown a clear benefit from the use of compression hosiery.

In the first relevant study, 231 passengers were recruited prior to long-haul flights and randomised into two groups. Ten per cent of those who did not wear compression hosiery were diagnosed after the flight as having asymptomatic calf DVT with duplex ultrasonography, but none of the 115 who wore compression hosiery were affected.[3]

The LONFLIT-4 study of 372 passengers considered to be at medium to high risk of thromboembolism showed that no passengers wearing compression hosiery (Scholl Flight Socks 14-17mmHg) developed DVT, but 3 per cent of those who did not wear the hosiery developed asymptomatic DVT.[7]

In the subsequent LONFLIT-5 study of 224 high-risk passengers who went on an even longer flight, DVT was observed in 6 per cent who did not wear compression hosiery and in only one passenger wearing the hosiery.[8] Quite apart from reducing the risk of thrombosis, elasticated stockings help to prevent oedema of the legs and feet which can cause discomfort after a long flight.

Risk factors for venous thromboembolism

- Age: greater than 40 years (but especially the elderly)
- Previous thrombotic episode (especially pulmonary embolism)
- Documented thrombophilic abnormality (eg antithrombin deficiency)
- Other haematological disorders (eg polycythaemia & thrombocythaemia)
- Pregnancy and puerperium
- Malignancy
- Congestive heart failure or recent myocardial infarction
- Recent surgery (especially lower limb)
- Chronic venous insufficiency
- Oestrogen therapy (eg oral contraceptive pill, HRT)
- Obesity
- Prolonged recent immobility (eg after recent stroke)
- Dehydration (eg diarrhoea)

Effects of aspirin

Aspirin has been advocated in the general prophylaxis of thrombosis associated with travel. The beneficial effect is weak in absolute terms and it has been estimated that if the rate of travel-related DVT is 20 per 100,000 travellers, then 17,000 people would need to be treated with aspirin in order to prevent just one episode of DVT.[9]

Furthermore, there is a potential for side effects such as allergic reactions or gastrointestinal bleeding: 13 per cent of subjects taking aspirin in a study to evaluate its potential in preventing venous thrombosis associated with air travel reported mild gastrointestinal symptoms.[10]

The use of heparin may be considered in the relatively few passengers considered to be at particularly high risk of thrombosis (eg history of more than one thrombotic episode and an identified thrombophilic abnormality), although many such people are already likely to be on long-term oral anticoagulation anyway.

In summary, it is now generally accepted that there is an association between venous thromboembolism and long-distance air travel as well as other forms of long-distance travel. The risk is largely confined to those with recognised additional risk factors for venous thromboembolism.

Leg exercises while seated help to reduce the risk of DVT. There is clear evidence from prospective and randomised clinical trials to support the use of compression hosiery as a preventative measure. By contrast, there is no firm evidence to support the indiscriminate use of aspirin as a routine prophylactic measure.

References available on request.

Dr Paul L F Giangrande BSc MD FRCP FRCPath is a consultant haematologist at the Haemophilia Centre in Oxford's Churchill Hospital.

SOLVE CASES FAST WITH BENADRYL®

ivastine

CASE #1

For a high-speed solution Benadryl Allergy Relief is active in just 15 minutes: no other non-drowsy* allergy 'tablet' works as fast.

ivastine & Pseudoephedrine

CASE #2

When a blocked nose is involved Benadryl Plus is the only non-drowsy* allergy relief with added decongestant.

rizine Hydrochloride

CASE #3

Benadryl One a Day Relief: Just one tablet for non-drowsy* relief all day.

Cetirizine hydrochloride

CASE #4

For kids aged 2+, Benadryl Allergy Oral Solution is the number one† OTC non-drowsy* children's allergy syrup. Available in great tasting banana flavour.

Consumer Healthcare

WHEN WE SAY IT'S FAST, WE MEAN IT'S FAST

www.allergyadvice.co.uk For Pollen Alerts text: Pollen to 85080**

vastine/Cetirizine, at the recommended dose, do not cause drowsiness. However, some cases of drowsiness have been reported. **Initial message costs up to 10p plus VAT. To unsubscribe from subsequent free alerts text 'stop' to 0. †Information resources, A11 IRI HBA outlets Unit and Value sales, 52 w/e 21 Feb 2004.

ADRYL ALLERGY RELIEF PRDDUCT INFORMATION: Presentation: Acrivastine 8 mg. **Uses:** Allergic rhinitis. **Dosage:** Adults and children aged 12 – 65 years: One capsule up to three times a day. **Contraindications:** Hypersensitivity rivastine or triprolidine. Significant renal impairment. **Precautions:** Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. **Pregnancy & lactation:** Not recommended. **effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s, £4.35 (£3.70); 24s £7.55 (£6.43). **Legal category:** P. **PL holder:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZO. **PL number:** 15513/0035 **Date of paration:** July 2003. **BENADRYL PLUS CAPSULES PRODUCT INFORMATION: Presentation:** Acrivastine 8mg and pseudoephedrine 60mg. **Uses:** Allergic rhinitis. **Dosage:** Adults and children 12 – 65 years: One capsule as necessary, three times a day. **Contraindications:** Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease; those who have taken MAOIs in the preceding 14 days **autions:** Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants be enhanced. Advise not to undertake tasks requiring mental alertness. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely skin rash, drowsiness, urinary retention or CNS excitement. **RRP (ex-VAT):** 12s £4.99 (£4.25), £8.99 (£7.65). **Legal category:** P. **PL holder:** Pfizer Consumer Healthcare, Eastleigh, Hampshire SO53 3ZO. **PL number:** 15513/0017. **Date of preparation:** July 2003. **BENADRYL ONE A DAY & BENADRYL ONE A DAY RELIEF DUCT INFORMATION: Presentation:** Cetirizine 10mg. **Uses:** Symptomatic treatment of rhinitis and urticaria. **Dosage:** Benadryl One A Day, Adults and children 6 years and over: One tablet daily. Benadryl One A Day Relief, Adults and ren aged 12 years and over: One tablet daily. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions:** As with other antihistamines avoid excessive alcohol consumption. **Pregnancy & lactation:** Not recommended **effects:** Occasionally headache, dizziness, drowsiness, agitation, dry mouth or gastrointestinal discomfort. **RRP (ex-VAT):** Benadryl One A Day, 14 £7.95 (£6.77); Benadryl One A Day Relief, 7 £4.45 (£3.79). **Legal category:** Benadryl A Day, P. Benadryl One A Day Relief, GSL. **PL holder:** UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire WD18 0UH. **PL number:** 08972/0032. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, eigh, Hampshire SO53 3ZO. **Date of preparation:** July 2003. **BENADRYL ALLERGY ORAL SOLUTION PRODUCT INFORMATION: Presentation:** Solution containing 1mg/ml Cetirizine hydrochloride. **Uses:** Seasonal allergic rhinitis nnial rhinitis and chronic idiopathic urticaria. **Dosage:** Adults and children 12 years and above: 10ml once daily; Children 6 – 11 years: 10ml once daily or 5ml twice daily; Seasonal allergic rhinitis only: Children 2 – 5 years: 5ml once or 2.5ml twice daily. **Contraindications:** Hypersensitivity to any of the ingredients. Do not use in pregnancy or lactation. **Precautions:** Reduce dose by half in cases of renal insufficiency. Avoid excessive alcohol consumption. **& adverse effects:** Occasionally drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely convulsions. **Price (ex-VAT):** £4.99 (£4.25). **Legal category:** P. **PL holder:** UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire WD18 0UH. **PL number:** 08972/0033. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZO. **Date of revision:** January 2004.

Protect your assets

Dr Sarah Jarvis looks at the role of the community pharmacist in providing travel health vaccination information

The pharmacist is ideally placed to provide the traveller with information about travel health, including travel vaccination. Such advice offers a wide range of benefits, including increased customer confidence and loyalty, and closer links with local practices. In addition, there is scope for considerable increase in revenue, with minimal cost to the pharmacy.

A change on the horizon?

The 20th century ushered in many positive changes – clean water, the eradication of smallpox, the development of antibiotics, to name but a few. Other changes were less welcome – AIDS and nuclear weapons are as effective at ending lives as any of the above is at saving them.

Travel, too, has changed out of all recognition. Only 20 years ago, the number of international flights was only a quarter of today's.[1] The development of large-bodied airplanes and competitively priced tickets has put travel to exotic destinations within the reach of the vast majority of the population. Every year, about 50 million people leave developed countries to visit those that are still developing.[2]

Unfortunately, while far-flung destinations in the developing world may have become more accessible, they are no less hazardous. Despite this, up to 20 per cent of travellers leaving the UK for 'at risk' areas do so with no protection against infectious disease.

Research into the reasons behind such risky behaviour has been highly illuminating. The cost of travel immunisations and other protection are not the major disincentive. Instead, passengers cite lack of education, conflicting advice and confusion about the length of protection from different vaccines as their reasons.[3,4]

Looking more closely at these claims of conflicting advice and confusion, it becomes apparent that travellers are, all too often, receiving no advice at all. The first port of call for travellers is usually the travel agent, many of whom give no travel health advice, with 10 per cent failing to provide advice even when prompted.[5]

If they have not been advised to visit their GP or practice nurse, many travellers will never know that precautions are needed. However, even if the traveller has not thought to visit their GP practice for immunisation, many will see the pharmacist before setting off.

Role of the pharmacist

More than half of all pharmacists regularly give travel advice, but there is scope for significant improvement in these figures.[6]

The traveller will obviously benefit from sound preventative advice. While infectious diseases account for only 1 to 4 per cent of deaths in travellers abroad, they are a major cause of morbidity. But the pharmacist, too, can profit from providing travel advice.

The conditions with which travellers most frequently require help following foreign trave include diarrhoea, post-travel infections and sunburn. Since many travellers will attend the pharmacy before departure, it is worth being aware of the frequency of these conditions an offering advice for avoiding them.

Diarrhoea and post-travel infections

Customers should be reminded of the importance of avoiding contaminated water, including ice in drinks, locally made ice creams salads and fruit washed in local water. The simple advice with respect to foodstuffs – 'boi it, peel it, cook it or forget it' is extremely effective

Customers should also be reminded of the importance of hygiene, because of the risk of

assing on conditions by the faecal-oral route. dditionally, customers should be advised to buy n anti-diarrhoeal preparation to take with them.

Customers should be encouraged to buy high-actor sunscreens, especially for children and air-skinned individuals. Simple preventative dvice includes:

- Avoid the midday sun.
- Start off slowly with sunbathing – don't orget you may not realise you've had too uch sun until several hours later.
- Avoid getting burnt – it's the single biggest sk factor for malignant melanoma.
- Re-apply sunscreen frequently, especially ter swimming.
- Use total sunblock on lips, eyelids, nipples nd the tips of your ears. Watch out too for heeks, nose, upper chest, shoulders and the les of your feet.
- Ideally, protect your head and neck with a ide-brimmed hat, and wear loose fitting, ght weave clothes when you're walking ound in the sun.

here is huge confusion about the need for, nd the timing of, travel vaccinations. harmacists are ideally placed to counter some the misinformation (or lack of advice) avellers receive from travel agents.

The need for travel vaccinations varies from ason to season, as well as from country to untry. However, travel vaccinations should recommended to all patients planning to avel outside northern Europe, the USA, ustralia and New Zealand. Many of these ccinations are required for most travellers all times of year, and some for all avellers at high risk.

Appropriate advice, might include:

- the high likelihood of needing travel ccines for areas other than those above, even not recommended by travel agents
- the effectiveness of these vaccines
- the significant morbidity and even mortality nnected with vaccine-preventable diseases
- the need to attend for vaccines at least two nths before travel, if possible, in case mplex schedules are required
- the importance of receiving travel vaccines, en if the customer is due to travel very soon me protection is better than none)
- the need for, and timing of, travel vaccine osters.

Given the frequency with which some of se vaccines are likely to be required, it is ll worth carrying out an audit of the quency with which your pharmacy might required to provide such advice. These

- **Increased short-term sales of travel-related products, other than those for which the customer has attended**
- **Increased return custom for returning travellers or customers planning further travel**
- **Increased consumer confidence**
- **Increased customer loyalty**
- **Closer liaison with local practices providing travel services**
- **Increased referral rates from local practices providing travel services, due to more confidence in your skills**
- **Increased dispensing costs for travel vaccines**
- **Increased profits from buying travel vaccines at a discount and claiming back the full cost from the Prescription Pricing Authority**
- **Potential to collaborate with local practices on other healthcare initiatives**
- **Opportunity to provide informal mutual referral system with local practices**
- **Potential for shared information on local travel protocols**

could then be purchased from the manufacturer at an agreed discount, with the full cost and dispensing fee claimed by the pharmacy. Some practices purchase their own vaccines direct from the manufacturer. However, even in these cases, it is worthwhile referring customers to their GP.

In addition, customers are often unaware of the timing of travel boosters. Again, providing such a service increases customer confidence and loyalty, as well as offering direct rewards in the form of dispensing fees.

It may be worth considering a database of customers requiring travel vaccines, so that they can be reminded about boosters at the appropriate time.

Chloroquine and proguanil can now be purchased without a prescription. Informing local practices of the advice you can offer may well increase the number of patients referred to you by local surgeries.

Customers should also be reminded of:

- the need to take precautions to avoid mosquito bites in at risk areas, even if they are taking antimalarial prophylaxis
- the need to purchase sprays/coils/mosquito nets in advance of entering an endemic area
- the need to continue prophylaxis for four weeks after returning from an endemic area (for chloroquine and proguanil, as well as other prescription antimalarials except malarone, which needs to be taken for only one week after return)
- the symptoms of malaria, and the possibility of symptoms developing up to one year after return, especially if malarial drug protection was incomplete.

It is important to consider the possibility of infectious disease in any customer presenting after foreign travel. This ensures that customers can be referred quickly and appropriately for medical intervention.

Examples include:

- Hepatitis A (transmitted by faecal-oral route, incubation 15–50 days, mean incubation 30 days, prodrome lasting between two and seven days includes pyrexia, headache, nausea, vomiting, fatigue, abdominal discomfort, may be followed by darkened urine, pale stools, jaundice).
- Malaria (can present up to one year after exposure, classical symptoms include malaise, fluctuating high fever, muscle pains, headache, sweats, rigors).
- Yellow fever (incubation three-six days, symptoms range from mild flu-like symptoms to fever, vomiting, red tongue, swollen bleeding gums, jaundice and haemorrhage).

References:

1. Walker, E. The role of travel medicine and health issues raised by international travel. CME Bulletin Infections Disease and Tropical Medicine 1998; 1 (1): 9-11.

2. Ryan, E, Kain, K. Health advice and immunisations for travellers. NEJM 2000; 342 (23): 1716-1724.

3. Welby, S, Beeching, N. Medical students and preparation for electives in the tropics. Travel medicine International 1999; 17(6): 173-5.

4. Steffen, R, Rickenbach, M. Willhelm U et al. Health problems after travelling to developing countries. J Infect Dis 1987; 156: 84-91.

5. Grapowski, P, Behrens, R. Provision of health information by British Travel Agents. Trop Med and International health 1996; 1 (5): 730-732.

6. Kodkani, N, Jenkins, J & Hatz, C. Travel advice given by pharmacists. J Travel Med 1999; 6: 87-93.

Dr Sarah Jarvis DRCOG FRCGP is a general practitioner in London.

Vaccination	Timing of booster	Booster lasts
Tetanus	Every 10 years until 3 boosters given	10 years
Polio	Every 10 years	10 years
Hepatitis A	6-12 months after 1st dose	10 years
Hepatitis A Paediatric	6-18 months after 1st dose	
Hepatitis A and typhoid	6-12 months after 1st dose	10 years (Hep A)
Hep A vaccination	3 years (typhoid)	
Typhoid	Every three years	three years
Hepatitis B	Every five years	five years

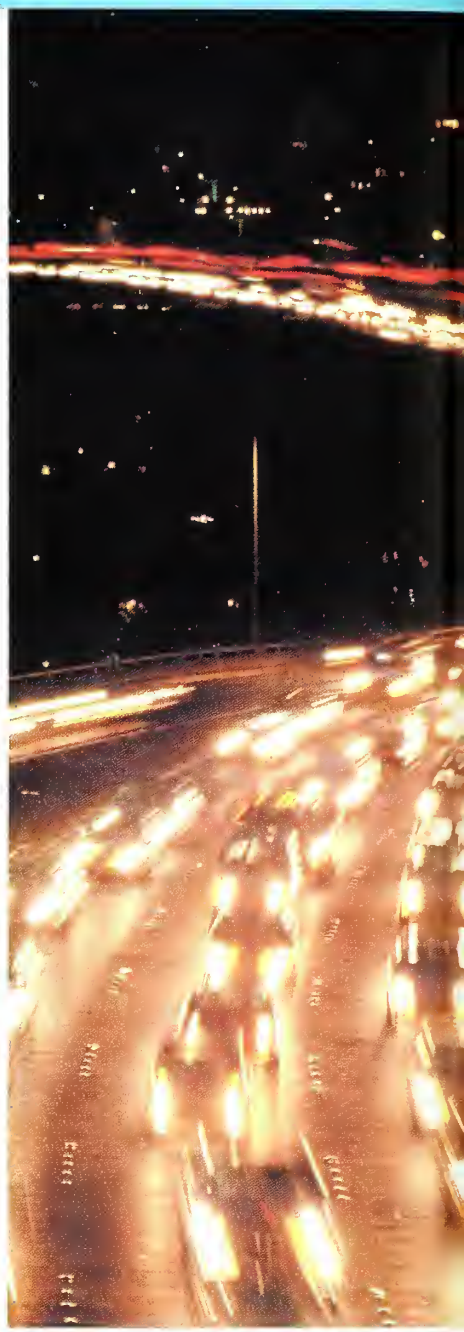
Malaria Reference Laboratory. Telephone helpline for health professionals: 020 7636 3924

Foreign and Commonwealth Office 'Know Before You Go' campaign for travel tips and country-specific advice (not vaccination advice). *www.fco.gov.uk/knowbeforeyougo*

National Travel Health Network and Centre (NaTHNaC), weekday mornings: 0207 380 9234. For specialist advice on complicated travel needs

Vaccine Information Service (VIS) now online at *www.apmsd.co.uk*

Moving target



By Sonia Heathcote advises on how to minimise the risk of motion sickness when travelling

Motion sickness is a syndrome of perspiration, increased salivation, yawning, general malaise, nausea and vomiting brought on by motion.

In its more severe forms it can be very debilitating, leaving the sufferer totally incapacitated. This impact on the ability of the individual to perform tasks makes motion sickness of grave importance for the Royal Navy and the space programme and it is these institutions that are responsible for much of the extensive research that has been carried out. Recent developments in transport such as the tilting trains[1] and also the increasing use of virtual reality machines has heightened interest.

Motion sickness is caused by linear and angular head acceleration applied for a prolonged period of time and resolves rapidly with the cessation of that motion. Susceptibility is normally distributed in the population, with very few people being severely affected and very few truly resistant. Unfortunately, there is no simple way of predicting who will be most affected. Children between the ages of four and 10 are most at risk although it is uncommon in the under twos.

In addition to variable susceptibility between individuals, there is variability within an individual. This is probably accounted for by the significant psychological component and, in women, hormonal changes.

Mechanisms

In 1975 the 'Sensory Rearrangement' model was proposed by Reason and Brand[2]. This attributes the syndrome to a discrepancy between the sensed and the expected information received by the brain. They described how the vestibular apparatus of the inner ear, the eyes and the proprioceptors can send contradicting information to the brain, thus triggering the syndrome.

This model was revised in 1998 by Bles *et al*[3] who mathematically deduced the 'Subjective Vertical Conflict' model. They stated that "all situations which provoke motion sickness are characterised by a condition in which the sensed vertical as determined on the basis of integrated information from the eyes, the vestibular apparatus and the nonvestibular proprioceptors is at variance with the subjective vertical as predicted on the basis of previous experience." Thus motion with a minimal vertical component will be less provocative; for example it has been found that people placed inside optokinetic drums have a very low incidence of motion sickness. They went on to describe an internal model[4] which is continually updated by experience. This internal model is the picture that the brain builds up of the body's position in its environment, what to 'expect' and how to respond appropriately. The model is updated when the environment changes, but until this update is complete, the person will suffer from motion sickness. Habituation occurs once the update is complete. Habituation is not transferable from one type of motion to another; for example, a susceptible individual who has habituated to a sea voyage and then changes from the boat into a car, will be just as likely to suffer from car sickness as they were before the sea voyage.

The discrepancy between sensed and expected information triggers numerous neurophysiological pathways. The biggest players are the autonomic nervous system, the histaminergic neuronal system, vasopressin from the pituitary and adrenalin from the adrenals.

Preventative measures

By understanding the mechanisms involved it becomes easier to advise on how to minimise the chance of suffering from motion sickness.

It naturally follows that if the discrepancy between the sensed and expected information is reduced or eliminated, then motion sickness will not occur. For example, drivers of vehicles very rarely suffer because they are anticipating the movement and therefore the sensed motion is what is expected and there is no discrepancy. Equally, the passenger should look at the road ahead and anticipate what is coming. To increase the sense of movement and to counteract the flushing that comes with the autonomic response, the windows should be opened. Reading is very evocative because it requires concentration on a static object and thus increases the discrepancy.

Positioning in the vehicle is important in reducing the magnitude of the motion. Sitting in the centre of an aeroplane, or towards the front of a car, bus or coach will help.

Activity in the autonomic nervous system is heightened by stress and emotional factors. It is therefore important to relax and distract yourself or fellow passengers; listen to the radio or have a (non-confrontational) conversation.

If you are susceptible to motion sickness avoid a large meal before travelling. Gastric stasis occurs with activation of the autonomic nervous system and the meal will sit in the stomach, contributing to the nausea and make vomiting much more likely. Similarly avoid pungent odours.

Children probably suffer more because of their behaviour; they rarely look out of the window ahead, sit in the back seat where visibility ahead is poor, focus on objects in their hands and eat inappropriate foods at a time when gastric stasis occurs. Again, try distracting children with book tapes, singing songs, playing I-spy etc.

In view of the strong psychological element the placebo effect is quite potent with up to 45 per cent of susceptible individuals benefiting.[5]

Ginger has been shown to be efficacious above the placebo effect[6] and is certainly worth considering in children under five in whom the commonly used drugs are not recommended.

Interestingly, a 70 per cent decrease in the susceptibility to motion sickness was observed as a side effect in children who wear prism glasses for reading disabilities.[7]

A study was done into motion sickness, migraine and menstruation in mariners in the crew of the 1997 British Telecom Global Challenge.[8] This showed a clear relationship between the occurrence of motion sickness and the menstrual cycle. Female crew were

ore susceptible during
enstruation and less so at
ulation.
Desensitisation programmes,
ch as cognitive-behavioural
erapy[9], have been used
ccessfully to treat susceptible
dividuals whose ability to
rform tasks whilst underway is
tical. Astronauts and key people
the armed services must be able
function without impedance
om either motion sickness or the
ntral sedative effects of anti-
otion sickness drugs.

harmacological ptions

armacological therapy is
rgeted at the autonomic response
d the histaminergic pathway.
The anti-muscarinic hyoscine
copoderm) is very effective at
eventing excess activity of the
tonomic nervous system and can
applied as a transdermal patch
t has a higher incidence of side
fects (dry mouth, drowsiness,
zziness, blurred vision, difficulty
th micturition) and is not
ommended in children
der 10.
The antihistamines act on the
staminergic neuronal system
h at the vestibular apparatus
l the chemosensitive trigger
ne of the medulla oblongata in
brain stem as well as having an
imuscarinic effect (greater with
older, sedating antihistamines,
ough not as potent as
scine). They are classified as
ner sedating or non-sedating.
e sedative property may be
antagcous in some cases but
uld not be taken if the person
ndertaking a potentially
ardous activity on arrival at
ir destination: for example, a
son who is taking a drug to
vent sea-sickness but will be
ving a vehicle immediately after
sea voyage.
The most commonly used
ating antihistamines are
izine (Valoid), meclozine (Sea-legs), promethazine hydrochloride (Phenergan) and promethazine teoclate (Avomine). Of these, cyclizine is the least sedating.

The non-sedating anti-histamine in common use is cinnarizine (Stugeron).

The only one of these drugs licensed for use in the two to five age group is promethazine hydrochloride.

Drugs should be used prophylactically to obtain a 70 per cent prevention in susceptible individuals. Once motion sickness has started, the oral route may fail and the transdermal, intra-muscular, sub-cutaneous or rectal routes are required.

References:
1: Forstborg J, Andorsson E, Lodin T. Influencence of different conditions for tilt compensation on symptoms of motion sickness in tilting trains. Brain Res Bull 1998;47:525-535.
2: Reason JT, Brand JJ. Motion sickness. London: Academic Press; 1975.
3: Bles W et al. Motion sickness: Only one provocative conflict? Brain Res Bull1998; 47:481-487.
4: Bles W, Bos JE, Kruit H. Curr Opin Neuro 2000; 13:19-25
5: McIntosh IB. Motion sickness – questions and answers. J Travel Medicine1998; 5:89-91.
6: Langner E, Greifenberg S, Gruenwald J. Ginger: history and use. Adv Ther. 1998; 15(1):25-44.
7: Vente PE, Bos JE, DeWit G. Motion sickness amelioration induced by prism spectacles. Brain Res Bull1998; 47:503-505.
8: GrunfeldE, GrestyMA. Relationship between motion sickness, migraine and menstruation in crew members of a round the world yacht race. Brain Res Bull 1998; 47:433-438
9: Dobie TG. Airsicknes in aircrew. AG IRDograph 177;1974

Kate Heathcote is an ENT specialist at Southampton General Hospital.

Astronauts must be able to function without impedence from sickness

NasalAir GUARD®

For HAY FEVER sufferers

For people ALLERGIC to dust mites

If animals make you SNEEZE

When AIR TRAVEL leaves you with a cold

Now there's a simple way of preventing such allergies that doesn't involve taking drugs...

NasalAir Guard® acts immediately and it's drug-free

Each pack of 10 retails at £8.49 with 4 sizes to choose from:

Small Short	- large teenagers, women & small men
Small	- women & small men
Medium	- larger women & men
Large	- larger men

For further information contact Kevin Robins on 01637 831400 or e-mail: marketing@designtechideas.co.uk

NasalAir Guard® *is made from a clear, soft medical grade plastic (not latex) which allows the wearer's own natural skin colour to show through.*

Wearing one takes a few hours to get used to (a bit like wearing contact lenses), and you may find the nose runs a little (that's a good sign...it's the sinuses trying to clean themselves out). Should this happen, simply remove the device, wipe it clean with a tissue, blow your nose and then reinsert the same NasalAir Guard®. *After a short time, the runny nose will stop but the benefits will continue - in fact, for up to 24 hours of continuous use for each device. Once breathing through the nose becomes laboured, then that's the time to change it for a new one.*

medicalfutures
Finalist in the 2003 Medical Futures Innovations Awards

NasalAir GUARD
You have a nose for it.

www.nasalairguard.co.uk

Hot off the shelf

Plan ahead for a safe journey

J&J. MSD Consumer Pharmaceuticals is running a campaign to encourage drivers to prevent passengers being car sick in the interest of road safety.

A survey carried out for Stugeron 15 found that drivers were readily distracted if someone in the car was ill and might even drive recklessly as a result.

In the survey, supported by the RAC Foundation, 36 per cent of those questioned said they had been stressed or distracted while driving with a car sick passenger and 27 per cent said they had pulled over to the hard shoulder, one of the most dangerous places to stop.

Another common response was to speed up to get to the destination more quickly. Only half (52 per cent) said they would ensure that passengers prone to car sickness had taken a travel sickness remedy in advance of the journey.

Nearly three quarters of travel sickness sufferers were affected in a car, while 66 per cent had been affected on a ferry and 41 per cent on a coach. Children are most susceptible, with 58 per cent of sufferers being under 16.

Kevin Delaney, traffic and road safety manager for the RAC, says: "To avoid the risk of distraction we would urge people to plan ahead and think about travel sickness before they start their journey. With a little forward planning, drivers can ensure car sickness does not cause any potential danger on the road."

For more information:
J&J. MSD Consumer Pharmaceuticals
Tel: 01494 450778

Making a display of Dioralyte

Dioralyte, the brand-leading rehydration treatment in pharmacy, will be backed by in-store support in preparation for the summer holiday season.

New counter display units have been designed to hold both Dioralyte and Dioralyte Relief. New consumer and pharmacy leaflets are also available.

Dioralyte treats dehydration by replacing lost salts, fluids and essential electrolytes in the treatment of watery diarrhoea. It is available in Natural, Blackcurrant and Citrus flavours.

For more information:
Chemist Brokers
Tel: 023 9222 2500

Britons ignore DVT risks

British travellers show an alarming lack of knowledge about travel-related deep vein thrombosis (DVT) according to a new survey for Scholl Flight Socks.

Less than half of Britons who have flown in the past year are aware of the risks and few take precautions such as walking around (41 per cent), drinking plenty of water (27 per cent) and wearing flight socks (10 per cent). However, Britons compare favourably with 11 other European nations questioned. In Germany, just 16 per cent of travellers are aware of the dangers of travel-related DVT, plummeting to 6 per cent of the French and a mere 3 per cent of Italians.

But when it comes to recognising the specific risk posed by car and coach trips, British travellers do not score so highly. Less than a third of Britons who are aware of the risk of travel-related DVT realise that this also applies to long trips by car, compared to 42 per cent of Germans, 74 per cent of Dutch and 85 per cent of Poles.

For more information:
SSL International Plc
Tel: 0161 654 3000

More choice for allergy sufferers

With an estimated 15 million people in the UK now suffering from allergies, GlaxoSmithKline has introduced a GSL antihistamine syrup in time for the peak hay fever season.

Piriteze Allergy Syrup (£4.99, 70ml) contains cetirizine hydrochloride and is a once daily dose alternative to Piriton Syrup. The new product is a sugar-free, banana-flavoured syrup suitable for adults and children aged six and over. Cetirizine hydrochloride does not normally cause drowsiness.

Piriton Syrup (£3.99, 150ml), containing chlorpheniramine maleate, is suitable for younger children (aged one year and over). This product can be helpful during the night for the relief of itch and other hay fever symptoms.

Both products can be used for the treatment of hay fever, pet or house dust mite allergies and skin allergies.

GSK will support its Piriton and Piriteze brands with a £3 million advertising campaign this year.

The £75 million hay fever and allergy market is the fastest growing category in the OTC market, with consumer sales growing at 19 per cent (*Information Resources value sales MAT July 2003*).

For more information:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Tan in a flash

A quick drying self-tan spray has been added to the Calypso suncare range.

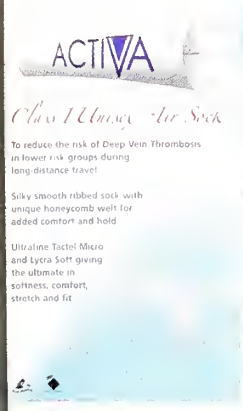
Self Tanning Spray (£4.99) is formulated to provide a natural looking tan without streaks. The easy-to-use spray action makes the product especially suitable for the legs and hard to reach areas.

Other new additions to the Calypso range include Kid's Disappearing Lotion Spray SPF30 (£6.99). The spray comes in pink and blue colours that 'magically' disappear after application. The product has a four-star UVA rating.

Also new is the Calypso Hair Care Travel Pack in a handy-size clear plastic pouch suitable for short breaks away. The pack contains three 100ml size applications of Hair Conditioning Spray, Hair and Body Shampoo and After-Sun Conditioning Hair Balm (£4.99).

For more information:
Linco Care Ltd
Tel: 0161 777 9229

Activa campaign targets travellers



This summer, Activa Healthcare will continue its venous disease awareness campaign 'Take care of your heart's little helpers' by targeting travellers with the Activa Class 1 DVT Air Sock which is sold in pharmacies only.

The Air Sock provides a compression level of 14–17mmHg, the minimum health professionals recommend for helping to prevent DVT in high-risk consumers.

Rob Holder, Activa's marketing director, comments: "Most people have heard of DVT and are realising that it is not only air travel but all types of travel, both long and short distance that puts them at risk. The need for expert pharmacy advice and recommendation has never been more important."

Activa offers a training and support package to pharmacists in conjunction with the NPA. Supplies of consumer leaflets on DVT and venous disease in general are available for pharmacies.

For further information:

Activa Healthcare
Tel: 08450 606707

Looking forward to summer

Pfizer Consumer Healthcare will support its Benadryl allergy treatment with a £4 million TV campaign during the hay fever season.

The brand will be backed in-store by point of sale material including cubes and showcards reflecting the theme of the TV campaign.

The company is also sending a mailer to independent pharmacies this week to encourage them to stock up with Benadryl during the pre-sell hay fever season. Entitled 'Looking forward to summer', the mailer features a competition to win one of three digital radios.

For more information:

Pfizer Consumer Healthcare
Tel: 01304 616161

More buzz for Anthisan

Eye-catching new Anthisan counter display units feature the colourful character Waspman, reflecting the brand's advertising campaign in women's magazines.

The units hold 10 packs of Anthisan Bite and Sting Cream and six packs of Anthisan Plus Sting Relief Spray.

Aventis Pharma recommend positioning the two products together in holiday health displays to optimise profit opportunities and give greater customer choice.

Anthisan Plus Sting Relief Spray, which contains mepyramine maleate 2 per cent and benzocaine 2 per cent, delivers a metered dose directly to the point of pain.

Anthisan Bite & Sting Cream containing mepyramine maleate is suitable for relieving the discomfort and swelling caused by bites and stings.

For more information:

Chemist Brokers
Tel: 023 9222 2500

Not to be sneezed at

Timed to coincide with the hay fever season is an on-pack promotion for Kleenex Balsam and Ultrasoft tissues.

Free two-for one vouchers for activities and weekend breaks will be given away during May and June. The vouchers can be redeemed against a range of activities including health and beauty treats and thrill seeking adventures.

Consumers will need to send off three ovals from promotional boxes to claim their free booklet with three two-for-one vouchers.

For more information:

Kimberly-Clark Ltd
Tel: 01732 594000

All eyes on Opticrom

Aventis Pharma has produced a range of new point of sale material to support Opticrom Allergy Eye Drops in pharmacies during the peak hay fever season.

Eye-catching new counter display units hold around 25 packs of Opticrom. Pharmacy leaflets provide an easy reference guide to common eye conditions and consumer leaflets help customers to self-treat minor eye conditions.

Special deals are available from Chemist Brokers.

For more information:

Chemist Brokers
Tel: 023 9222 2500

Allergies – your questions answered

Q I have noticed that more customers than ever are requesting a natural remedy to combat hayfever symptoms. What can I recommend?

A The incidence of allergies is on the increase – it is now estimated that 15 to 20 per cent of the population now suffer from some form of allergy – with hayfever or allergic rhinitis being the most common.

With allergies on the increase, little wonder that more people are turning towards natural alternative remedies, even demanding that the NHS make alternative treatments more readily available.

With more people suffering from hayfever, it should come as no surprise that there is a plethora of conventional hayfever treatments available. However, recent research showed that a massive 12 million people are turning their backs on conventional treatments that are known to cause side-effects such as drowsiness, and are now seeking natural alternative remedies. **New Era® Combination H for Hayfever and Allergic Rhinitis** could be the answer, it is suitable for all the family, with no risk of overdose.

New Era® Combination H is a homoeopathically-prepared biochemic tissue salt remedy, which can help relieve the symptoms associated with hayfever. It is a convenient remedy containing Magnesium Phosphate (Mag.Phos.), Sodium Chloride (Nat. Mur.) and Silica that work by correcting the imbalances in the body's cells. It was indicated that these ingredients work together by helping to restore the healthy, functioning of the cells. This helps the body deal with the watery symptoms that accompany the sensation of itching and tingling in the nose, preventing a threatened attack from maturing, or to relax spasms. The active ingredients also help to prevent the itching and tingling of the nose when violent sneezing occurs. **New Era® Combination H** is the natural alternative to conventional hayfever remedies.

Small talk from Dulco-lax

This month sees the launch of a GSL line extension for Dulco-lax Perles. Boehringer Ingelheim says the 20 micro capsule pack (£2.99) provides an opportunity for self-selection which helps overcome customer embarrassment.

Indicated for the short-term relief of constipation, each easy-to-swallow micro capsule contains 2.5mg sodium picosulfate. The capsules should not be taken by children aged under 10 without medical advice and are not recommended for children under four.

Dulco-lax Perles are also available in a 'P' pack of 50 (£4.59).

For further information:

Pharma Consumer Healthcare
Tel: 01202 314824

Tan without the sun

For an all-over tan before going away on holiday, Coty has introduced Sunshimmer Fresh Face & Body Bronzer Self Tan Gel (£6.99) into the Rimmel Self Tan range.

Formulated to allow easy application for the face and body, the product can provide a quick and deep tanned look in one hour.

For more information:

Coty (UK) Ltd
Tel: 020 8971 1300

Child's play for Delph

Three new high SPF products for children have been introduced to the new-look Delph range for this summer. Especially for children are Young and Delicate SPF50 for babies and delicate skins (£5.99), Kids on the Go SPF30 (£4.99) and a fun SPF30 Kid's Trigger spray with tinted lotion (£6.79).

Other new additions to the Delph range are Dry Oil Spray SPF4 (£3.89) and Aloe Vera Gel After Sun with glitter for a sparkly evening look (£3.79).

For more information:

Fenton Pharmaceuticals Ltd
Tel: 020 7224 1388

Ben's range wipes up

New this spring in the Ben's range of insect repellents are wipes impregnated with 30 per cent DEET.

Ben's Wipes (£4.99) comprise 15 individual sachets, each containing a DEET impregnated wipe which can provide protection for up to eight hours.

Ardern Healthcare says the wipes are suitable for all ages from two years and that DEET is safe to use when instructions are followed.

New slimline packaging is also being introduced for After Bite and Ben's 30 and 100. The move is designed to address retailer's increasing demands on space.

Ardern has discontinued its citronella-based repellent Natrapel and plans to introduce a more effective natural repellent under the Ben's Natural brand.

For further information:

Ardern Healthcare
Tel:01584 781777

We're all going on a summer holiday

Travellers with young families wi be targeted by a new TV campaig for Traveleeze Soft & Chewy Pastilles in the run up to the school summer holidays. Advertising will appear on GMT during June and July.

Traveleeze Soft & Chewy Pastilles is a 'P' product containin 12.5mg meclozine hydrochloride and ginger.

Formulated to provide relief from travel sickness for up to 24 hours, these strawberry flavoured pastilles can be taken the evening before travel or when the traveller feels sickness coming on.

The pastilles are suitable for adults and children over two. Dosage is half a pastille for children aged two to six, one pastille for children aged six to 12 and two pastilles for adults and children aged over 12. The brand will be supported by new point of sale material for this summer.

For more information:

Ernest Jackson & Co Ltd
Tel: 01363 636100

Intr@pharmQ – Summer health questions

1. When selling sun blocks which SPF...

SPF	do pharmacists recommend most? (%)	are customers most likely to buy? (%)
2-4		0.4
8	0.4	8.9
10-15	9.3	26.0
20	9.3	
25	27.2	15.9
45-50	8.6	4.1
60	1.6	0.4
High medium combo	43.5	26.4
Medium-low combo		11.8

2. What do you think is the main reason for customers choosing sun block products?

Price 47.2%
Brand name 10.2%
Whether waterproof 2.0%
Volume 0.8%
SPF 35.4%
Frequency of application 2.4%
Method of application 2.0%

3. Do you think the removal of VAT from suncare products would increase usage of sun-blocks?

Yes 72.4% *No* 27.6%

4. What buying patterns do customers show most often for after-sun products?

As a combi-pack	6.9%
Purchase individually unprompted	23.2%
Purchase as a link sale	19.5%
General moisturisers preferred to specific after sun products	11.4%
Purchased with sun protection protects	39.0%

5. Do you believe that pharmacists should be trained to provide an initial screening for skin cancers?

a) *No – anything potentially cancerous should be seen by a doctor* 12.2%

b) *No – but should be trained to provide informed advice on skin problems in general terms* 37.4%

c) *Yes – pharmacists can be as effective as GPs in assessing skin conditions that need referral to a specialist* 50.0%

The Intr@pharmQ /IMS Health questionnaire was conducted on behalf of C&D between March 10 and March 31 2004. For each question, there were 246 community pharmacist respondents.

Great savings on Thomson Al Fresco holidays

Welcome to a fresh new family holiday experience. Al Fresco means just that – living in the open air, dining outdoors and being as active or relaxed as you wish. Featuring quality holiday parcs with all the freedom of self catering and all the facilities of a hotel these holidays are perfect for families. Not only are all Thomson Al Fresco holiday homes brand new for Summer 2004, they have stylish interiors created exclusively by interior designer and TV celebrity Linda Barker to ensure unique finishing touches.

Thomson Al Fresco holidays are available in Brittany, Loire, Cote D'Azur, Gascony, Languedoc, Catalonia, Tuscany and the Venetian Riviera. You can stay for seven or fourteen nights and the flexible travel options include self-drive, Motorail, flights and fly-drive. If you are taking your own car, special rates are available for overnight stops en-route with Ibis, Novotel and Campanile hotels.

Pharmacy Travel Exclusive Offer

- **Guaranteed 10% discount** on all brochure prices
- **FREE children's clubs**
- **FREE sport and leisure activities**
- **FREE welcome pack**
- **FREE travel pack**

Additional special offer
50% OFF ALL APRIL, MAY AND JUNE DEPARTURES
booked by 30 April 2004 (ALL destinations and ALL accommodation types)

Reservations/information:

08705 114488

9am to 8pm Monday/Friday – 9.30am to 5pm Saturday

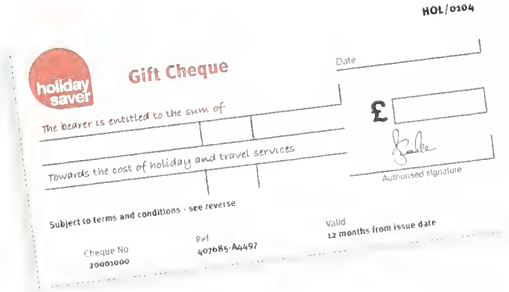
All special offers are subject to availability and specific terms/conditions

THE PERFECT GIFT... and a special 10% discount

HolidaySaver gift cheques make an ideal present for family, friends or special occasions and because everyone looks forward to holidays they will always be much appreciated. HolidaySaver gift cheques can be issued for whatever value you require (minimum £10) and are accepted as payment for virtually every type of holiday you can think of – from short breaks in Britain to exotic far away trips. They can also be used for essential holiday extras such as airport car parking, car hire and travel insurance (see full list of holiday services on right).

To order your HolidaySaver gift cheques and claim the special 10% discount call:

0870 121 1565



HolidaySaver gift cheques are redeemable exclusively through TCI Direct (ABTA 55821)

Pharmacy Travel guarantees year-round savings

A combination of generous discounts and exclusive offers always ensures excellent cost savings on:

- ✓ Activity holidays
- ✓ Airport car parking
- ✓ Airport hotels
- ✓ Airport lounges
- ✓ All-inclusive resorts
- ✓ Apartments
- ✓ Beach clubs
- ✓ Boating holidays
- ✓ British holidays
- ✓ Camping holidays
- ✓ Car hire
- ✓ Citybreaks
- ✓ Coach holidays
- ✓ Country house hotels
- ✓ Cruises
- ✓ Escorted tours
- ✓ Flights
- ✓ Fly-drive holidays
- ✓ Golfing breaks
- ✓ Health spas
- ✓ Holiday villages
- ✓ Hotel bookings
- ✓ Independent travel
- ✓ Motoring holidays
- ✓ Package holidays
- ✓ Safaris
- ✓ Sailing holidays
- ✓ Shortbreaks
- ✓ Ski holidays
- ✓ Special-interest holidays
- ✓ Sports holidays
- ✓ Theatre breaks
- ✓ Theme parks
- ✓ Villas
- ✓ Yachting holidays

For further information call Pharmacy Travel

08705 114488

A service provided by TCI Direct (ABTA 55821)

Allergy Answers

Set them free

nce a day

Hayfever and allergy relief is so convenient with Piriteze Allergy Tablets, a once a day medicine from the Piriton family suitable for adults and children from 12 years and up. Piriteze does not normally cause drowsiness, so it's ideal for people with busy, active lives. Now also available as Piriteze Allergy Syrup, specially formulated for adults and children from 6 years and up.

new

Piriteze

Active allergy answers from 6 years and up

cetirizine

Piriteze Allergy Tablets [illegible] **Allergy Syrup Product Information: Presentation:** [illegible] 10 mg of cetirizine dihydrochloride. Syrup [illegible] mg/ml cetirizine hydrochloride. **Uses:** Symptomatic treatment of perennial rhinitis, seasonal allergic rhinitis and chronic idiopathic urticaria **Dosage and administration:** Tablets. *Adults (including the elderly) and children 12 years and over* 10 mg daily. *Children under 12 years:* Tablets not recommended. Syrup: *Adults and children 6 years and over:* 10 ml once daily or 5 ml twice daily. *Children under 6 years:* not recommended. **Contraindications:** Hypersensitivity to constituents, breast feeding. Syrup: Severe renal impairment. **Precautions:** Use half dose in renal impairment. Tablets: Exceeding recommended dose may affect driving or operating machinery. Syrup: Caution in impaired hepatic or renal function. Maintain good dental hygiene. **Interactions:** Alcohol. Syrup: concomitant use of CNS depressants. **Side effects:** Drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal disorders. Tablets: Very rarely convulsions. Syrup: Somnolence. Very rarely allergic reactions. **Legal category:** Tablets: GSL (7 tablets and P (30 tablets). Syrup: GSL. **Product licence number:** Tablets PL 00289/0388. Syrup: PL 00289/0595. **Product licence holder** Approved Prescription Services Ltd, Brampton Road, Hampde Park, Eastbourne, BN22 9AG, England. Further informatio available on request from Medical and Consumer Affairs GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K **Package quantity and RSP:** 7 tablets £3.99, 30 tablets £8.7 syrup 70 ml £4.99. **Date of last revision:** February 2004. **Pirito** and **Piriteze** are registered trade marks of the GlaxoSmithKlin group of companies.

gsk GlaxoSmithKline Consumer Healthcare